How the Process Works

University Housing and Dining welcomes students with disabilities to live in campus housing. The residence halls and apartments are for students mature enough to live independently on campus with limited staff supervision. If a student with a disability is in need of a housing or dining accommodation, they should submit and complete this request, with any accompanying documentation on the following timeline:

- Submit by May 15 to be considered for academic year housing.
- Submit by December 15 to be considered for spring housing.
- Submit by May 5 to be considered for summer housing.
- Returning students must submit documents by February 15 for the next academic year.
- Requests submitted after the deadlines may be limited by availability.

Accommodations we typically provide may include: Bed De-lofted, Semi/Private Bathroom, Private Room, the ability to rent or bring an Extra Refrigerator, Shower Chair, Wheelchair-Accessible Room, Strobe Alarm/Doorbell, Proximity Reader (to open doors), and Evacuations Plans for Emergencies.

Requests for accommodations will be verified by medical staff at Student Health and Wellness to determine our obligations based on the Americans with Disabilities Act and if the accommodation is medically required. Factors that staff will consider when evaluating requests for accommodations:

- Is the impact of the condition life-threatening if the request is not met?
- Is the request an integral part of a treatment plan prescribed by a medical professional for the condition in question?
- Was the request made by the priority deadline?
- Is there space available to meet the student's need?

University Housing and Dining has a variety of accommodating room types across campus and is not able to honor requests for a particular residence hall or living learning community.

It may be helpful to note that due to the nature of living in a residence hall community, a request for a quiet hall is not a medical accommodation that can be met. Additionally, because a residence hall is shared by hundreds of students participating in various activities throughout the day, living in a single room does not necessarily provide a student with a quiet, distraction-free environment.

Mutually-confirmed roommate requests submitted by the required deadline will be considered and fulfilled as we are able. A roommate request is not an accommodation that will be honored. If a student has a need for support from a medical professional, they must make arrangements with a private care company. Card access for support staff can be arranged after room assignments have been finalized.

University Housing and Dining Responsibilities

- Keep your request, and information contained within, private among administrators involved with your accommodation.
- Notify you when your complete request has been received.
- Email you potential accommodations we are able to offer upon review of your request and documentation.

Students Responsibilities

- Submit a complete request form by the priority deadline. (see above)
- Check your university email address for accommodations-related communication.
- Begin conversations with a licensed clinical professional to discuss your request and documentation they will need to provide. (See Part 2 of this form)
- Initiate conversations with our office if you have any questions or concerns. You may include your family on joint phone calls and office visits, but they cannot manage your accommodations on your behalf.
Parents and Guardians Responsibilities
In the spirit of helping your student manage their disability, encourage them to contact our office with any questions they might have. When your student arrives to campus, they will need to advocate for themselves and this is an opportunity to walk through the process with them, while allowing them to take the lead.

Additional Considerations
• This form is not to be used to request a release from the housing contract.
• Students requesting specific dietary needs or modifications to their meal plan will need to meet with the University Housing and Dining Nutrition Specialist: 319-353-2299 and submit a Dietary Needs Form
• Students who may need a classroom accommodation are recommended to contact Student Disability Services at 319-335-1462.

Part 1: To Be Completed by the Student

Last (Family) Name: ____________________________

First (Preferred) Name: ____________________________

University ID Number: ____________________________ Hawk ID: ____________________________

Cell Phone: ____________________________ UI Email: ____________________________

Permanent Address: ____________________________

City: ____________________________ State: _______ Zip: ____________________________

If approved, when do you request this accommodation begin? ____________________________

Please type your responses to the questions below on a separate paper:
1. Describe your disability/chronic medical condition, in your own words.
2. How does your disability affect your living in the residence halls and/or dining in the Market Places?
3. What accommodation(s) are you requesting for your disability? Strobe, bed delofted, shower chair, evacuation plans for emergencies, etc.
4. How will your requested accommodation(s) support your disability/chronic medical condition?
5. Is the impact of the condition of the disability/health condition life-threatening if the request is not met?

Please initial that you have read and understand the information provided:
1. _________ I verify that the information contained within this document is accurate to the best of my knowledge.
2. _________ I understand that a housing accommodation because of a disability or chronic health conditions supersedes all other requests including roommate and living learning community requests.
3. _________ I understand that certain accommodations may require me to relocate to another room, residence hall and/or living learning community. If I need to have my room assignment changed, my prospective or current roommate will not be moved with me.
4. _________ My documentation may be shared with appropriate University Housing and Dining staff in order to support my accommodations.
5. _________ I am also requesting meal plan accommodations. Yes _________ No _________

Student Signature: ____________________________ Date: ____________________________

You may submit Part 1 of your request prior to completion of Part 2. Medical documentation may be sent separately. Requests will not be reviewed until both portions are received.
Priority Dates for Consideration

- May 15 for academic year housing
- December 15 for spring housing
- May 5 for summer housing
- Returning students must submit documents by February 15 for the next academic year.

Completed forms and accompanying documentation should be faxed to 319-335-2979 or mailed to:

University Housing and Dining
Contracts and Assignments
4141 Burge Hall
Iowa City, IA 52242

Part 2: To Be Completed by the Healthcare Provider

Student Last (Family) Name: __________________________________________________________

Student First (Preferred) Name: ______________________________________________________

Student University ID Number: _________________________________________________________

To consider this student’s request for reasonable housing and/or dining accommodations due to a disability/chronic health condition, the University of Iowa’s University Housing and Dining requires documentation from a licensed clinical professional. The practitioner should be, within the past year, actively treating the individual making the request and be familiar with the student’s history and functional limitation(s) of their disability/condition.

Some of the accommodations we typically provide may include: Bed De-lofted, Semi/Private Bathroom, Private Room, the ability to rent or bring an Extra Refrigerator, Shower Chair, Wheelchair-Accessible Room, Strobe Alarm/Doorbell, Proximity Reader (to open doors), and Evacuation Plans for Emergencies.

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A roommate request is not an accommodation that will be honored. If a student has a need for support from a medical professional, they must make arrangements with a private care company.

Provider’s Name and Title: ___________________________ Date: ___________________________

License #: ___________________________ Licensing State: ___________________________

Address: __________________________________________________________

City: ___________________________ State: _______ Zip: ___________________________

Phone Number: ___________________________ Fax: ___________________________

Email: _________________________________________________________________

I verify that the accompanying student information is correct, and that the student is a patient that I have been treating, and that I am not a relative of the student.

Signature of Medical Provider: __________________________________________________
Please answer all questions below; typed on your practitioner or licensed clinical professional letterhead.

1. Describe the student’s disability/diagnosis:
   a. When was this first diagnosed?
   b. How long is this likely to persist?
   c. When was the last scheduled visit that you had with this student/patient?

2. Does the student’s disability/health condition significantly limit any major life activities? If yes, please describe the limitations and/or restrictions.

3. Please state the specific recommendations regarding the accommodation(s) this student needs in their housing assignment and/or meal plan. Indicate why the accommodation is warranted based on the student’s physical or psychological condition(s).

4. Is this accommodation an integral part of an active treatment plan for the student’s condition?

5. Is the impact of the disability/health condition life-threatening if the request is not met?

Please have your completed form and documentation arrive to our office by the priority dates for consideration, which are:
• May 15 for academic year housing
• December 15 for spring housing
• May 5 for summer housing

Completed forms and accompanying documentation should be faxed to 319-335-2979 or mailed to:

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Iowa City, IA 52242

Once received, University Housing and Dining will review the student’s request. An accommodation will be offered based on need and availability.