Special Condition On-Campus Housing Request Application

SECTION A: STUDENT INFORMATION - 1 PAGE

(To be completed by Student)

Your special housing request is very important to Grace College and may require additional time to fulfill. In order to ensure your request is processed before the start of the semester, we encourage all students to submit their requests by the deadlines listed below. Both the Special Condition/Medical Housing Request Application and supporting documentation needs to be submitted to the Health Services office located in the GHAWC building. If a request is made after the deadlines, Grace College will make reasonable attempts to secure accessible housing but may not be able to meet the request by the move in date. In that case, alternate housing arrangements will be discussed with the student.

Current students: Spring Break (for fall requests) and November 15th (for spring requests)

New students: June 1 (for fall requests) and November 15th (for spring requests)

Requested Year _____ Semester(s): ☐ Fall / ☐ Spring ☐ Incoming Student ☐ New Application / ☐ Previously Applied

Student Name (Print): _____ Date Of Birth _____ ☐ Male ☐ Female

Student ID #: _____ Email: _____ Phone #: _____

Briefly describe the housing you are requesting based on provider recommendation: _____

_____

Please note:

- For meal plan related concerns, please schedule a consultation with Disability Services..
- Exemptions may require ongoing supervision and management by a physician or counselor.
- Approval is needed on a yearly basis for all students seeking to extend an exemption.
- If your accommodation request has not changed, new supporting documentation is not required.
- Off-campus housing is not an available option.

By signing this form, I am stating that this information is accurate to the best of my knowledge. I understand that if I submit my form after the initial deadline I will be placed in a room that will best meet my needs, possibly without the choice of roommate.

Student Signature:_____ Date: _____

RELEASE AUTHORIZATION FOR HOUSING EXEMPTION

1. I hereby authorize the Grace College Campus Nurse, Director of the Grace College Health & Counseling Services, and/or Coordinator of Disabilities Services to disclose to Student Affairs my following protected health information.

2. Specific information that may need to be disclosed (please initial all that apply):

   _____ Dietary and Assessment Notes
   _____ Allergy Diagnosis
   _____ Psycho-social History Related to Housing
   _____ Nursing Assessment
   _____ Medical/Emotional Impact of Housing
   _____ Progress Notes Related to Housing

3. This information is to be used for the purpose of providing information related to obtaining an appropriate housing environment for the disclosed condition.

4. I authorize Grace College to receive information from the provider below. I also authorize my provider to discuss my condition(s) with the appropriate Grace College personnel on an as-needed basis.

   Provider Name: _____

   Address: _____

   City: _____ State: _____ ZIP: _____

   Phone Number: _____

5. I understand that I may revoke this authorization at any time by notifying the appropriate person or organization in writing. I understand that if I revoke this authorization, it will not affect information used or disclosed to Student Affairs prior to my action to revoke. Furthermore, I understand that if I revoke this authorization I will nullify my application for medical/emotional housing exemption. If not revoked, this authorization will expire one year from today's date.

_____ _____/_____/_____

Student Signature Date

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GRACE COLLEGE

SECTION B: HEALTHCARE PROVIDER SECTION - 2 PAGES

(To be completed by Healthcare Provider)

Student Name: _____ Date of Birth: _____

Dear Provider: To ensure the Special Housing Accommodations Committee can make an informed decision on the student's requested housing accommodations, Grace College requires documentation of the student's condition from a licensed clinical professional or healthcare provider that is familiar with the history and functional limitations of the student's condition(s). The provider completing this form must be a licensed counselor, social worker or psychologist or qualified healthcare provider (MD, PA, NP or DO). This provider cannot be a relative of the student, a Doctor of Homeopathy or Chiropractor. **The provider should completely respond to all questions.** Additional related information may be attached.

1. Student's disability / diagnosis: _____
2. When was the condition first diagnosed? _____
3. How would you describe the severity of this condition? _____
4. How long is the condition likely to persist? _____
5. When was the student last seen by you? _____
6. What treatments or medications have been prescribed? _____

7. Does the student's condition significantly limit any daily life activities? If so, please describe in detail?

8. Please indicate which of the following housing accommodations are necessary based on the student's conditions and give rationale below.

☐ Kitchen ☐ Air Conditioning ☐ Wheelchair Accessible

☐ Single Room ☐ New Building ☐ Private Bathroom

☐ Service / Emotional Support Animal ☐ Other (off-campus housing not an available option) :

All fields below must be completed to process documentation.

Provider Signature: _____ Date: _____

License #: _____

Print Name & Title: _____

Address: _____

Phone: _____