



HOUSING ACCOMMODATION REQUEST FORM

As part of our mission to foster diverse and inclusive learning and living environments, Bates College is committed to supporting students with documented disabilities. As a residential community, Bates prioritizes the residential experience as an essential part of our institutional commitment to educating the whole person.

In accordance with Section 504 of the Rehabilitation Act and the Americans with Disabilities Act, Bates has established procedures for students with documented disabilities to request reasonable accommodations to help remove a disability access related barrier to their residential experience. The request process requires that students submit this accommodation request form along with any supporting documentation. Please visit the [Accessible Education website](#) for guidelines on disability documentation.

Note: A standard housing assignment is in a two or three person room with bathroom facilities located on the same floor, but not in the room. Requests for particular housing assignments based on a student’s preference rather than need cannot be considered by the Office of Accessible Education. Single rooms are granted as accommodations only in circumstances based on medical necessity. Such requests will be reviewed on a case-by-case basis.

FOR STUDENTS: This form should be completed by your health care professional and returned directly to:

Office of Accessible Education and Student Support
Bates College
48 Campus Ave, Ladd Library G33
Lewiston, ME 04240
Email: accessibility@bates.edu / Fax: 207-786-8290 / Phone: 207-786-6222

TO BE COMPLETED BY THE HEALTH CARE PROFESSIONAL:

This form is to be completed for students requesting a housing accommodation at Bates College based on a documented disability. The Americans with Disabilities Act defines an individual with a disability as “a person who has a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment.” Major life activities include, but are not limited to: caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, working, and the operation of major bodily functions.

Student Name: _____

Name of provider: _____

Professional Credentials: _____

Provider Employer: _____

Job Title/Area of Specialty: _____

Based on the above definition, does the individual have a disability? YES NO

If yes, please indicate the disability/disabilities: _____

Please provide the code(s) for the disability/disabilities (if applicable): _____

Code source(s): DSM-V DSM-IV-TR ICD-9 ICD-10

Date of diagnosis: _____ Made by you? YES NO If not, by whom? _____

Number of consultations in past 3 years: _____ Date of most recent evaluation: _____

Length of time under your care: _____ Is student currently under your care? YES NO

Medical/therapeutic equipment needed: _____

Prescribed medications (include dosage): _____

Please answer the following questions as fully and completely as possible. Lack of detail may result in a request for additional information

Does the student's disability/disabilities substantially limit one or more major life activity? If so, please explain (please use additional space if needed, attachments are welcome):

Please describe the frequency and severity of the student's symptoms:

Please discuss the status (static or changing) of the student's condition:

Please describe any medically necessary modifications you recommend to accommodate the student's disability:

Please explain how your recommendation(s) would remove any barriers impacting the student's ability to access or participate in the residential environment (use additional space as needed):
