



***REQUEST FOR SPECIAL  
HOUSING AND DINING  
ACCOMMODATION***

# REQUEST FOR SPECIAL HOUSING AND DINING ACCOMMODATION

Pratt Institute strives to provide the best housing and dietary arrangement to suit your particular needs. A variety of housing options already exist to accommodate special needs, and it is important when making housing decisions to consider your needs carefully. We understand that there are exceptions and circumstances in which particular requests and accommodations need to be considered. Your requests for exceptions are evaluated carefully. To proceed with the evaluation process, a completed Request for Special Housing and Dining Accommodations packet must be submitted to the Director of Disability Resources (see deadlines in “Documentation” section).

This packet includes:

1. Documentation of the condition or need that is the basis of the request.
2. A clear description of what type of housing configuration and/or dining option is being requested.
3. An explanation of how the request relates to the impact of the condition.
4. Possible alternatives if the recommended assignment is not possible.

## DOCUMENTATION

To accurately and fairly evaluate requests for housing and dining options based on disability needs, Pratt Institute will need documentation. This documentation consists of an evaluation by an appropriate professional that relates the current impact of the condition to the request. This documentation will serve as supplement to previously submitted health care forms and gives the Directors of Disability Resources and Health and Counseling Services staff permission to discuss your specific needs with medical/psychological professionals.

**Please note that, while your preferences will be considered, specific areas and types of rooms or meal plan options are not guaranteed.**

Documentation Guidelines:

1. A diagnostic statement including the date of the most recent evaluation.
2. The current impact or limitations imposed by the condition.
3. Medications, treatments, devices, or services currently prescribed or used to minimize the impact of the condition.
4. The expected duration of the condition.
5. The credentials of the diagnosing professional.
6. Recommendations from the professional about the housing configuration or dining option, and a statement of the level of need for (or consequences of not receiving) the recommendation.

So that you receive full consideration of your request, please submit documentation according to the following deadlines:

- Continuing Students:  
March 15 for following fall semester  
November 15 for following spring semester
- New Students:  
May 1 for following fall semester  
November 15 for following spring semester

Any requests received after the dates listed above or during the course of a semester will be given consideration, but accommodations are difficult in the middle of an academic year.

**HEALTH CARE FORM FOR STUDENTS  
REQUESTING SPECIAL HOUSING OR DINING  
ACCOMMODATION**

*Student completes this section. Please print or type.*

Student name

\_\_\_\_\_  
*Last*                      *First*                      *MI*

Pratt ID# \_\_\_\_\_

Date of birth \_\_\_\_\_

Sex     Male     Female     Transgender

First semester enrolled at Pratt \_\_\_\_\_

Current class status \_\_\_\_\_

Home address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home phone

Local address (If different than above)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Local Phone \_\_\_\_\_

Email \_\_\_\_\_

Cellphone \_\_\_\_\_

Please answer the following questions. Attach additional sheets as needed.

What specific type of housing and/or dining option do you require?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Explain how the stated request above relates to your condition.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there possible alternatives if the recommended assignment and/or dining option are not possible?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Authorization to receive information:

I authorize members of the staff of the Vice President for Student Affairs, Health and Counseling Services, and the Office of Residential Life and Housing to receive information from the provider below, specific to this request. I also authorize my provider to discuss my condition(s) with the Director of Disability Services (or his/her designee) and the professional staff of Health and Counseling Services.

Name of provider \_\_\_\_\_

Provider phone \_\_\_\_\_

Address (street, city, state, and ZIP code)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student Signature

Date \_\_\_\_\_

(Parent, if under 18) \_\_\_\_\_

*Health care provider completes this section.*

Student's name: \_\_\_\_\_

Pratt Institute provides accommodations and support services to students diagnosed with disabilities. A student's documentation regarding their condition must demonstrate they have a disability covered under the Americans with Disabilities Act (ADA; 1990). The ADA defines a disability as a physical or mental impairment that substantially limits one or more major life activities. To determine eligibility for services and accommodations, this office requires current and comprehensive documen-

tation of the student's disorder from the diagnosing physical or mental health care provider (the provider filing out this form cannot be a relative of the student). Items one through six must be completed in full. If space provided is not adequate, please attach additional sheets. The provider may also attach a report providing additional related information.

1) What is the student's medical condition/diagnosis?

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a) How long has the student had this condition?

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b) What is the severity of the condition?

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c) How long is this condition likely to persist?

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2) Describe the symptoms related to the student's condition that cause significant impairment in a major life activity?

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3) List the student's current medications(s), dosage, frequency, and possible adverse side effects.

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a) Are there significant limitations to the student's functioning directly related to the prescribed medications?

Yes  No

b) If yes, please describe.

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4) Does the student have a disability, as defined in the first paragraph, as a result of this condition?

Yes  No

If yes, please state the specific recommendations regarding housing and dining accommodations for this student and a rationale as to why these accommodations are

warranted based on the student's functional limitations. Indicate why the housing accommodations you recommend are necessary. (If you suggest a private bathroom, for example, state the reasons for this request as related to the student's disability.)

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If current treatments (e.g., medications) are successful, why are the above accommodations necessary?

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Please attach any additional information that we may find helpful in assisting the student.

Signature of provider \_\_\_\_\_

Date \_\_\_\_\_

License # \_\_\_\_\_

State \_\_\_\_\_

Please print the following:

Name/Title \_\_\_\_\_

Address \_\_\_\_\_

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Phone \_\_\_\_\_

Fax \_\_\_\_\_

**Vice President for Student Affairs**

718. 636.3639

**Director of Residential Life and Housing**

718. 399.4550

**Director of Disability Resources**

718.636.3711

**Pratt**

Pratt Institute  
200 Willoughby Avenue  
Brooklyn, NY 11205

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