



HIGH POINT UNIVERSITY

The Premier Life Skills University

Office of Accessibility Resources and Services

Consent for Information Transfer – Accessible Housing

Thank you for taking the time to complete this form. If additional information is needed, OARS may contact you at a later date.

We recognize that housing accommodations can be a real benefit for someone with a disability that prevents them from fully enjoying the use of their dwelling, but the practical limitations of High Point University’s housing arrangements make it necessary to carefully consider the impact of the request on both the student and the campus community.

Please provide contact information, sign and date this questionnaire (below), and return it to High Point University’s Accessibility Resources and Services office via uploading to your COMPASS portal or emailing it to the OARS office (OARS@highpoint.edu). If your medical professional has used Adobe to fill out this form, they may hit the submit button at the end, which will attach it to an email addressed to OARS.

Professional Signature: _____ Today’s Date: _____

Type of License: _____ License #: _____

Date Licensed: _____ License Expiration: _____

STUDENT (please sign this form before providing it to your mental health provider to complete):

By signing below, I consent to allow my health care provider to share any information relevant to my need for accessible housing as an accommodation, as shown on this form, with the Office of Accessibility Resources and Services for the next 60 days.

Signature

Date



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Accessible Housing Documentation Criteria

All High Point University (HPU) students requesting accessible housing must register with the Office of Accessibility Resources and Services (OARS) and provide documentation of a disability with their specific significant functional limitation(s)* which require accommodations to ensure equal access. To receive housing accommodations at High Point University:

1. Students must register with the Office of Accessibility Resources and Services through [COMPASS](#) with their HPU email.
2. Submit an OARS *Accessible Housing* form completed by a licensed professional credentialed in the area related to the diagnosed condition for the requested accommodation.
3. Submit a personal statement that includes a rationale for your housing accommodation request, how it will meet your need(s) for accommodations, and how it will ensure you equal access to housing.
4. Meet with an Accessibility Specialist to discuss your request and determine appropriate accommodations for equal access through an interactive process. Please call 336-841-9026 to schedule an appointment with your Accessibility Specialist.

Documentation Criteria

Accessible housing may be approved as a reasonable accommodation if a student's disability* makes them unable to enjoy the use of their dwelling fully. Students eligible for accessible housing are approved yearly and must renew their accommodation each year in accordance with housing deadlines.

The following documentation is not sufficient to authorize a housing accommodation but may be included to assist in the determination of reasonable academic accommodations.

- Individualized Education Plan (IEP)
- 504 Plan
- Psychological Test results

Please submit all documentation to the High Point University Office of Accessibility Resources and Services
Email: OARS@highpoint.edu

* The legal definition of disability is a mental or physical condition that substantially limits a major life activity compared to most people. Substantial in this context is somewhat subjective but means a notable, significant, meaningful limit/difference to the manner in which the individual engages in the activity, the conditions necessary for them to engage in the activity, the duration for which they can engage in the activity or the frequency which they engage in the activity. 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, and the proper functioning of major bodily systems.



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Documentation for Housing Accommodations

Student's Name: _____ DOB: _____

The forenamed student has requested accommodations from the Office of Accessibility Resources and Services at High Point University due to having a disability*. Please be diligent in following your professional training, scope of practice, and ethics as a clinician. The information you provide should be comprised of your professional judgment regarding the student's health status and related needs.

This verification form must be completed and returned before accommodations can be provided.

To be completed by a licensed professional:

Provider: _____ Title: _____

Office Name: _____

Office Address:

Phone: _____

Email: _____

Date Licensed: _____

License Number: _____

License Expiration: _____

Today's Date: _____

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To ensure that we may better evaluate the request for this accommodation, please answer the following questions:

1. What is your professional relationship with the student on which you base this recommendation?

2. Is the student/patient currently under your care?

Yes No

a. If yes, duration of care? _____

b. Date of most recent contact? _____

3. What is the student's relevant medical or mental health diagnosis?

4. What major life activity or activities are substantially limited for this student?

5. How do the above-listed diagnosis and functional limitations create a significant barrier to the student's full and meaningful use of their assigned dwelling? Please describe how the student's disability* affects their activities of daily living and functioning, specifically concerning the student's housing experience. What are the student's specific limitations that require an accessible environment to ensure the student has equal access on campus? (e.g. duration, frequency, intensity, etc.).

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6. Is the impact of the condition life-threatening if the request is not met?

Yes No

a. If yes, please explain: _____

7. Is the recommendation an integral component of a treatment plan?

Yes No

a. If yes, please explain: _____

8. Does the student's disability* impact their ability to utilize the campus shuttle service?

Yes No

a. If yes, please explain: _____

9. Does the student's disability* impact their ability to traverse campus?

Yes No

a. If yes, please explain: _____

10. What specific recommendations for accommodations do you have regarding housing assignment?
Indicate if any recommendations are medically necessary.

11. Please explain how the recommended accommodations decrease the impact of the student's functional limitations associated with their life on campus at High Point University (listed in #5).

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12. Please include any other information regarding the student you believe would help OARS decide on housing accommodations to ensure equal access to campus life.

Licensed Professional's Signature

Date Completed

Licensed Professional's Printed Name

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