

Healthcare Provider Form – Accessible Housing Request and Student Release

Le Moyne College Disability Support Services' office needs to determine if a student has a condition that substantially limits one or more life activities, how some housing environments might present barriers to the student, and how to provide that student with equal access to the College. Le Moyne College requires current and comprehensive documentation of the student's condition from a licensed medical professional or health care provider who is familiar with the history and functional limitations of the student's condition(s), and the disability-related need for a housing accommodation. The provider completing this form cannot be a relative to the student. If the space provided is not adequate, please attach a separate sheet of paper. The provider may also attach a report providing additional information.

AUTHORIZATION TO RECEIVE HEALTH CARE INFORMATION (completed by the student)
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I authorize Le Moyne College Disability Support Services' office to receive information from those listed below. If further information is needed, I authorize my provider to discuss how my requested housing accommodation(s) may remove disability related barriers to give me equal access to the Le Moyne College residential environment.

Provider's name and Affiliation: _____

Address: _____ Phone: _____

Student Signature: _____

To Be Completed by the Health Care Professional
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Under ADA this individual has a: _____ Disability _____ Temporary Impairment

Nature(s) of this housing request: _____ Physical _____ Psychological _____ Food Related

Please list the Student's Diagnosis (include a DSM-5 or ICD-10 code)

Please describe the student's condition, and how the student's major life activities are impacted by it. How frequent and how long the symptoms last? Please attach any relevant information that you would like considered.

Level of severity (circle one): **Mild** **Moderate** **Severe**

Date of initial diagnosis: _____ Date of last contact with student: _____

How long has the student been a patient? _____ How often do you meet with student? _____

Was medication prescribed? _____ Medication Prescribed: _____

Frequency of administration: _____ Frequency of monitoring: _____

Response to medication: _____

The next two questions will shift the focus from the student to the housing environment.

1. What barriers might the student face in housing environments due to their condition(s)?

2. How might the student's housing environment be modified to remove these barriers? For example, a Deaf student may need a strobe light doorbell and fire alarm.

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