

Documentation Standards for Housing Accommodations

All WVU students requesting disability-related accommodations in relation to housing and meals must register with the WVU Office of Accessibility Services and provide up-to-date, appropriate, and objective documentation that clearly substantiates a significant functional impairment. A significant functional impairment means that a student's ability to perform a major life activity is below average compared to other persons of that age.

Determinations on reasonable housing and meal accommodations will be based on the documentation submitted to OAS at the time of the student's application and discussion with their Accessibility Specialist.

To gain an approved housing or meal accommodation for any WVU sponsored property, you must:

1. **Apply** for housing through the WVU Housing Portal and choose "YES" under section 3 about Accessible Housing Accommodations. Please note, students will not be able to select a room or roommate when answering "YES" to Accessible Housing Accommodations. You must also meet all housing application process deadlines.
2. **Register** with the Office of Accessibility Services (OAS) at <http://accessibility.wvu.edu/register>.
3. **Submit a completed Licensed Professional Questionnaire** with a licensed professional who is credentialed in the area related to the diagnosed condition for which the accommodation is being requested. Documentation provided must not be more than one year old.
4. **Write and submit a Personal Statement** that includes a rationale for your housing accommodation and how this accommodation will enrich your Mountaineer experience.
5. **Meet with an Accessibility Specialist.**

If a Housing Accommodation is Authorized, OAS will notify the Office of Housing and Residence Life who will then notify the student of the housing arrangement. Once a student has signed their housing contract and is living with a WVU sponsored property the policies and procedures of the Office of Housing and Residence Life apply.

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

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

Please submit all documentation to the West Virginia University Office of Accessibility Services.

Licensed Professional Questionnaire

To be completed by the student:

Student Name: _____ Student ID #: _____

I request that the following information from my licensed professional be used as documentation of my request for a housing accommodation. I understand that this documentation may be reviewed by and discussed with members of the WVU Housing Review Committee as appropriate.

Furthermore, I give my consent for any member of the WVU Office of Accessibility Services to contact my licensed professional for additional information as needed.

Student Signature: _____ Date: _____

To be completed by the licensed professional:

Provider: _____ Title: _____

Address: _____

Phone: _____ Email: _____

License Number: _____ Office Name: _____

1. What is the student's diagnosis and date of diagnosis?

2. Is the student/patient currently under your care? Yes No
a. If so, duration of care?

b. Date of most recent contact?

3. What major life activities are limited due to this diagnosis?

4. Describe how this condition affects the student's life functioning, specifically in relation to the student's housing and/or dining experience.
5. Explain the effect of living in a WVU sponsored property on the student's condition.
6. What specific recommendations for accommodations do you have regarding housing and/or meal plan assignments? Indicate if any recommendations are medically necessary.
7. How would these recommendations reduce the effects this student's condition may have on life functioning, specifically in relation to the student's housing and/or dining experience?
8. What accommodations could be implemented in WVU sponsored housing to alleviate or minimize the adverse consequences of the condition?
9. Please include any other information that might be helpful in working with this student/patient.

Licensed Professional's Signature

Date

Licensed Professional's Printed Name

Date