University Housing

Business Administration Office
3400 N. Maryland Ave.
Milwaukee, WI
53211-2953
414-229-4065 phone
414-229-4127 fax
www.universityhousing.uwm.edu

HOUSING ACCOMMODATION REQUEST FORM
(Based on Disability or Medical Need)

Priority Deadline: Fall—July 1st Spring—January 1st

Students with a disability or medical needs which require accommodations relating to a residence hall space (accessible shower stall, larger doorway, doorbells with light flashers, Braille signs, etc.) should notify University Housing by submitting this form. University Housing will refer your request to UWM's Accessibility Resource Center (ARC). As part of ARC's intake process, you may be asked to complete additional forms or submit documentation from your health care provider to support your request. Please refer to the Forms section (http://www4.uwm.edu/sac/zforms.html) for potential forms that you may need to submit.

Return this form and supporting documentation via one of these methods:
Mail: University Housing, 3400 N. Maryland Ave, Milwaukee WI 53211
Fax: 414.229.4127
Email: university-housing@uwm.edu, subject "Accommodation Request"

Resident Name (print):	**Campus ID:**
Resident Cell Phone #:	Street Address:
UWM E-Mail Address: @uwm.edu	City
Term of Entry (circle one): FALL SPRING SUMMER **Year:**	State Zip Code

Please provide a detailed description of your accommodation request. Please also consider what your needs are related to an emergency evacuation, natural disaster, etc. when completing this form.

____

____

____

____

____

____

____

Are you requesting any accommodations to be supplied by University Housing?

- ☐ Wheel Chair Accessible Room
- ☐ Bed Shaker
- ☐ Doorbell with flashing light
- ☐ Other (please indicate): ______________________________

Student Signature	Date

For Office Use Only		
Initial and Date once completed	**Route to the Assistant Director-Business Administration**	Time Stamp
	Route to ARC	
	Enter into spreadsheet	
	Notify student of decision	
	Update spreadsheet with decision & inform Accounts Manager	

University Housing

Business Administration Office
3400 N. Maryland Ave.
Milwaukee, WI
53211-2953
414-229-4065 phone
414-229-4127 fax
www.universityhousing.uwm.edu

Healthcare Provider Documentation Supporting Student's Request for an Emotional Support/Assistance Animal

Priority Deadline: Fall—August 1st Spring—January 1st

University Housing generally prohibits students from having animals in the residence halls, but it (i) allows service animals and (ii) makes reasonable accommodations to its no animal policy for individuals with disabilities who may need an emotional support/assistance animal.

There is a difference between a service animal and an emotional support/assistance animal. A "**service animal**" is any dog or a miniature horse that is individually trained to do work or perform tasks for the benefit of an individual with a disability. Examples of work or tasks include, but are not limited to, assisting individuals who are blind or have low vision with navigation and other tasks, alerting individuals who are deaf or hard of hearing to the presence of people or sounds, pulling a wheelchair, or providing physical support with balance and stability to individuals with mobility disabilities. An "**assistance animal**" is an animal that is prescribed to a student with a disability by a healthcare or mental health professional and is necessary to afford him or her with an equal opportunity to use and enjoy University Housing. There must be an identifiable relationship or nexus between the student's disability and the emotional support/assistance the animal provides. For example, an emotional support/assistance animal presence may positively impact the symptoms of the student's disability by providing emotional support.

TO BE COMPLETED BY PHYSICIAN OR MEDICAL PROFESSIONAL ONLY
Your patient, a UWM student who resides in University Housing, is requesting that an assistance animal live with him or her. We ask that you provide the following information to assist UWM in evaluating this request. Please note that requests for assistance animals in University Housing may be subject to an annual review.

1. Student's Name:____

2. What is your first date of contact with patient? ______________________________

   What is your last date of contact with patient? ______________________________

3. Please describe the medical condition requiring accommodation (e.g. diagnosis) in University Housing, including when it began and its anticipated duration:

   ____

   ____

4. Please describe how that the condition impacts the student's ability to access or enjoy University Housing:

   ____

   ____

   ____

5. Please describe the animal that you prescribe for the student, including any species and size requirements:

   ____

6. Please describe how the animal alleviates the symptoms or effects of the medical condition:

   ____

[Over]

7. Are there any other possible accommodation(s) besides an assistance animal that would meet the student's needs (for example, if this assistance animal request is not granted)? □ yes □ no

8. If yes, please describe other possible accommodations:____

____

____

Signature:______________________________________ **Date:**______________________________

Name (Printed):_________________________________ **Title:** ______________________________

Telephone Number: (________) ______________________ **License #:** __________________________

Practice Area/Specialty: __________________________ **Clinic/Hospital:**______________________

Return this form via one of these methods:
Mail: University Housing, 3400 N. Maryland Ave, Milwaukee WI 53211
Fax: 414.229.4127
Email: university-housing@uwm.edu, subject "Supporting Documentation Re: Emotional Support/Assistance Animal Request"
V/tty (414) 229-4065

Accessibility Resource Center Psychiatric Disability Assessment Form

The University of Wisconsin-Milwaukee Accessibility Resource Center provides academic services and accommodations for students with disabilities. Students are required to provide documentation that verifies that a diagnosed condition meets the legal definition of a disability covered under Section 504 of the Rehabilitation Act (1973) and the Americans with Disabilities Amended Act (2008). These laws define a disability as a physical or mental impairment that substantially limits one or more major life activities. Eligibility for academic accommodations is based on documentation that clearly demonstrates a student has one or more functional limitations in an academic setting, and that one or more accommodations is needed to achieve equal access. See more information about ARC Disability Documentation Guidelines on our website.

TO BE COMPLETED BY PHYSICIAN OR MEDICAL PROFESSIONAL ONLY

A client of yours has requested disability-related accommodations with services. As this client's treating clinician/specialist, you are asked to provide the following information to allow the university to consider this client's service request(s).

Please complete the following:

1. Student Information:	
Client Name:	
Preferred Name:	
Date of Birth (mm/dd/yyyy):	

2. Diagnosis: What is the DSM-IV-R or DSM 5 Diagnosis? (Please include all if multiple.)
Are there any diagnoses that need to be ruled out?

3. Date of Diagnosis:
4. Date of First Contact with Client:
5. Date of Last Contact with Client:

6. In addition to applying DSM-IV-R diagnostic criteria, what other information did you collect to arrive at your diagnosis?

☐ Behavioral observations
☐ Developmental history
☐ Rating scale (e.g., Beck Depression Scale, etc.)
☐ Medical History
☐ Structured or unstructured clinical interview with the student
☐ Interviews with others (parents, teachers, spouse or significant others)
☐ Neuropsychological, psycho educational testing, etc. **Date(s) of testing: ________________________**

7. Has this student been hospitalized or received in-patient care for their disorder in the past?
☐ Yes ☐ No
If yes, what has been the frequency and typical duration of these treatments?

8. Is the student currently receiving psychotherapy? ☐Yes ☐No
If yes, how often?

9. Are there any significant limitations to the student's functioning directly related to the prescribed medications (if known)?

10. If you are the prescribing clinician, is the student compliant with the use of medications and treatment? ☐Yes ☐No; please explain:

FUNCTIONAL IMPACT ASSESSMENT (REQUIRED) – Part A
11A. What methods were utilized to assess functional limitation? Please list or attach a separate page.

FUNCTIONAL IMPACT ASSESSMENT (REQUIRED) – Part B

11B. Please rate the frequency/duration and severity (using an "x") of the condition's impact on major daily life activities to the best of your knowledge. For comparison purposes, please use same age peers in a postsecondary setting.

Major Life Activity	**Frequency/Duration** 0-4 Scale 0=never, 1=rarely, 2=intermittent, 3=daily/frequent, 4=chronic	**Unknown/ N/A**	**Mild**	**Moderate**	**Severe**
Initiating Activities					
Concentration					
Following Directions					
Memorization					
Persistence					
Processing Speed					
Organizational Skills					
Sustained Reading					
Sustained Writing					
Problem Solving					
Listening					
Sitting					
Speaking					
Interacting with Others					
Sleeping					
Other: Please Specify					
Other: Please Specify					

SYMPTOM ASSESSMENT (REQUIRED)

12. Please rate the frequency/duration and severity (using "x") of the symptoms as related to the disability.

Symptom	**Frequency/Duration** 0-4 Scale 0=never, 1=rarely 2=intermittent, 3=daily/4=frequently, 5=chronic	**Unknown/ N/A**	**Mild**	**Moderate**	**Severe**
Compulsive Behaviors					
Delusions					
Depressed Mood					
Disordered Eating					
Fatigue/Loss of Energy					
Hallucinations					
Impulsive Behaviors					
Mania					
Obsessive Thoughts					
Panic Attacks					
Phobia (Specify)					
Physiological Symptoms:					
☐ Dizziness					
☐ Fainting					
☐ Racing Heart					
☐ Migraines/Head Aches					
☐ Nausea					
☐ Chest Pain					
☐ Shortness of Breath					
☐ Other					
☐ Other					
Racing Thoughts					
Self Injurious Behavior					
Suicidal Ideation					
Suicide Attempts					
Unable to Leave the House					
Other:					

13. Please list your recommendations for accommodations within the academic environment. (See a listing of common accommodations on the ARC website.) Please provide an explanation or rational for the recommendation. If available in a separate report, please attach that report.

Accommodation Recommendation	Rationale

15. Certifier Information:

Clinician Name (Print):	
Clinician Name (Signature):	
Medical Specialty:	
License #:	
Address:	
Phone:	
Email:	
Date of this Report:	

Please send this completed form and any additional documentation to:

Accessibility Resource Center
University of Wisconsin-Milwaukee
Mitchell Hall, Room 112
P.O. Box 413
Milwaukee, WI 53211
(Fax) 414-229-2237
archelp@uwm.edu

If you have questions, please feel free to contact our office at 414-229-6287. Thank you.