



Disability Services for Students

Division of Student Affairs and Enrollment Management

1801 East Cotati Avenue
Rohnert Park, CA 94928

(707)664-2677 Fax: (707)664-3330 TDD: (707) 664-2958

www.sonoma.edu/sas/dss/

Request for Special Consideration in Housing Assignment

The following guidelines have been established to accommodate students who have special disability-related needs that may impact their on-campus housing.

Procedure Statement:

Priority housing requests based on medical, psychological, or other disability-related needs are initiated by completing the Request for Special Consideration in Housing Assignment form and submitting it to the Disability Services for Students (DSS) office. DSS and the Housing office will review requests on a case-by-case basis. Decisions are based upon the availability of the requested housing arrangement, along with the respective needs of all applicants. Documentation of a special need or disability **does not** guarantee that your request will be approved.

This request is only for housing accommodations at SSU related to the functional limitations associated with your disability. Additional information will likely be needed before classroom/academic accommodations can be provided. Please contact DSS for additional information.

Guidelines:

Generally, students with the most severe health needs will be given first priority in securing special housing if their need/disability significantly impacts their ability to perform activities of daily living.

Procedure:

1. Notify the SSU Housing office if you have a request for special consideration in your housing assignment. Clarify the deadline in which requests and supporting documentation must be received.
2. Register for services with Disability Services for Students (707-664-2677) by completing the DSS Intake form and the SSU Request For Special Consideration in Housing Assignment form available on-line at <http://sonoma.edu/sas/dss/forms.shtml>.
3. Complete the Student Request form on page 2 and send to the Disability Services for Students office.
4. The appropriate professional must complete the Medical/Psychological Verification form on Page 3.
5. **Requests will not be reviewed until the student and appropriate professional have both submitted all requested information to the DSS office.**
6. Student needs will be carefully considered by DSS and the SSU Housing office within the above parameters. The SSU Housing office notifies students of housing assignments.
7. **Students need to re-apply each year for on-campus housing and submit updated, current supporting documentation as necessary.**

The requested documentation will be maintained per FERPA guidelines and will only be utilized to determine the student's Special Housing request. DSS will maintain the requested documentation and respect the student's confidentiality at all times.



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Special Consideration for Housing Assignment
(Student Request)

Please complete the information below and submit this form to Disability Services for Students.

The requested documentation will be maintained per FERPA guidelines and will only be utilized to determine the student's Special Housing request. DSS will maintain the requested documentation and respect the student's confidentiality at all times.

Name: _____

Date of Birth: _____

Phone: _____

Permanent Address: _____

Academic Status:

- Recently Admitted
- Freshman
- Sophomore
- Junior
- Senior
- Graduate Student

Living Status last semester:

- Lived on campus
- Lived off campus
- Did not attend SSU

I am currently registered with Disability Services for Students at SSU? Yes No

If not registered with DSS, please see page 1 for information on how to become registered.

Briefly describe your housing request and discuss why your disability needs warrant special consideration with regards to:

1.) Living on campus at SSU: _____

2.) The specifics of your housing arrangement on campus (i.e., single room, first floor room, etc.): _____

I understand that I must provide supporting documentation to Disability Services for Students in order to be considered for special consideration in my housing assignment. This includes a statement of need from the appropriate medical professional to DSS to support my request (see attached form).

Signature: _____

Date: _____

** This request is only for housing accommodations at SSU related to the functional limitations associated with your disability. Additional information will likely be needed before classroom/academic accommodations can be provided. Please contact DSS for additional information.



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Special Consideration for Housing Assignment
(Medical/Psychological Verification Form)

Student Name: _____

Student D.O.B.: _____

Submit the following form to the professional who performed your original evaluation (if available) or a comparable source. The professional must be an impartial individual who is not a family member nor in a dual relationship with the student.

Professional's Name: _____

Phone Number: _____

Professional's Signature: _____

Date: _____

Title of Professional: _____

Please provide all of the following information regarding the above student's request for special housing accommodation at Sonoma State University. The information, including this form, should be forwarded on letterhead to Disability Services for Students.

- A diagnostic statement, including the date of the most recent evaluation.
- The current impact or limitations associated with the student's disability.
- Treatments, medications, devices and/or services currently prescribed or used to minimize the impact of the student's disability.
- The expected duration, stability or progression of the student's disability.
- Please indicate if there are specific disability-related reasons why the student should be provided preferential consideration for living on campus and the consequences of not receiving the stated accommodation.
- A description of the recommended housing arrangements (e.g., single room, lower level, etc.), based on the impact of the disability or functional limitation associated with the student's disability.
- A statement on the level of need for the recommended accommodations and the consequences of not receiving the stated accommodations.
- Alternatives if the request is not practical for SSU to implement.

The requested documentation will be maintained per FERPA guidelines and will only be utilized to determine the student's Special Housing request. DSS will maintain the requested documentation and respect the student's confidentiality at all times.

This request is only for housing accommodations at SSU related to the functional limitations associated with this student's disability. A separate form will be provided if the student is also requesting that you document their functional limitations that would require academic/classroom accommodations. Please contact DSS for additional information.

Please forward this form to:

**Sonoma State University
Disability Services for Students
1801 East Cotati Avenue
Rohnert Park, CA 94928-3609
Tel: (707) 664-2677
Fax: (707) 664-3330**