



## **Medical Housing Process**

Students with special housing needs should contact the Residence Life Office as soon as possible after admission so that proper arrangements can be made. Certain areas of the residence halls are designed or have been modified to accommodate students' needs, to include bathrooms, entrances, elevators, bedrooms, etc. Students should also follow this process who want to request an exemption from the College's residency requirement or release from the Housing License.

SUNY Canton does not discriminate based on race, color, national origin, sex, gender identity, disability, or age in its education programs, services, and activities, including employment policies and practices. SUNY Canton is committed to upholding and maintaining all aspects of the American's With Disabilities Act (ADA) approved in 1990 and section 504 of the Rehabilitation Act of 1973. As such, a limited number of single and double rooms are available for students who require such housing because of their disability, medical, and/or psychological condition. Assignment to what is referred to as a "medical single" or "medical double" are made after a review of documentation submitted on the required form. In some instances, consultation with Health Center, Counseling Center, or Accommodative Services Office may be necessary. Students who require a medical single or double must submit their request and proper documentation from an appropriately licensed specialist who is authorized to make such recommendations to the Residence Life Office.

The cost for a medical single or medical double room is billed at the regular double room rate. The cost of a medical single or medical double room in Grasse River Suites is billed at the regular rates for that building.

SUNY Canton does not provide housing for attendants or aides. In the instance when submitted documentation dictates an attendant or aide and the College has space available, housing may be offered at the student's expense if space is available.

### **PROCESS**

Students who want to be considered for a medical single/double or release/exemption from housing, must submit their request in writing to the Residence Life Office. This request must be accompanied by the Medical Housing



## **RESIDENCE LIFE**

State University of New York • 34 Cornell Dr. • Canton, NY 13617-1096 • [www.canton.edu](http://www.canton.edu)

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[reslife@canton.edu](mailto:reslife@canton.edu)

Form that is completed and signed by his/her health care provider and a request for campus housing via UCanWeb. Once the request and supporting documentation are received, it will be reviewed by the Director of Residence Life.

In order to properly evaluate medical, psychological, or disability requests for medical singles, consultation with the Health Center, Counseling Center, and/or or Accommodative Services Office may be necessary.

Requests will be reviewed as they are received and as occupancy/ space is available.

Students must reapply with updated/new documentation every academic year.

Completed applications are due by May 1 for the fall semester and December 1 for the spring semester.

## **MEDICAL HOUSING FORM**

### **Documentation of a Medical, Physical and/or Psychological Condition**

The student named below has applied for a medical single or double within our on campus housing program OR requested to be released/exempt from on campus housing. In order for us to establish whether this student qualifies for a medical single/double or exemption/release, we will need your assessment and diagnosis of the student. A disability is defined as a physical or mental impairment that limits one or more major life activities such as those delineated below. You can fax or mail the form to us at the address listed on this form. If you prefer, you can answer these questions in a signed and dated letter on your professional letterhead.

All documentation received will be kept confidential, except in cases where we need to consult with other offices on our campus (i.e. Accommodative Services, Counseling Center, Student Health Services) or as required by law. This information is released/discussed on a need-to-know basis and is subject to FERPA. No information concerning inquiries about accommodations or the documentation will be released/discussed without written consent from the individual requesting the medical single/double.



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**Student's Name:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Cell Phone Number:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Student ID Number:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Applying for:** \_\_\_\_\_ **medical single room on campus**

\_\_\_\_\_ **medical double room on campus**

**--or--**

\_\_\_\_\_ **exemption/release to reside off campus**

**for : Fall 20**\_\_\_\_ **and Spring 20**\_\_\_\_

**This section to be filled out by a licensed medical or mental health professional:**

**1. When was the student diagnosed and what is/are the diagnoses?**

**2. Is the student currently under your care and when did you last see him/her??**

**3. Major Life Activities Assessment: Please indicate which of these major life activities listed below are affected thus making a medical single room, medical double room, or living off campus a medical necessity/requirement. Please indicate level of limitation.**



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Life Activity	Negligible	Moderate	Substantial	Don't know
Talking				
Hearing				
Breathing				
Standing				
Working				
Reaching				
Lifting				
Sitting				
Walking				
Seeing				
Writing				
Performing Manual Tasks				
Caring for oneself				
Sleeping				
Learning				
Reading				
Thinking				
Concentrating				
Memorizing				
Communicating or Interacting with Others				
Other:				



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- 4. What is it about the student's condition(s) that makes a medical single/double or off campus living a necessity/requirement for participation in College? If the student were to not have this accommodation would they no longer be able to attend College?**
  
  
  
  
  
  
  
  
  
  
- 5. What medications, if any, is the student prescribed/taking? Is the student experiencing any side-effects relevant to this request for a single/exemption or release?**
  
  
  
  
  
  
  
  
  
  
- 6. How would a single/double room/off campus living enhance your treatment protocol for the student?**
  
  
  
  
  
  
  
  
  
  
- 7. Are the functional limitations permanent? If not, what is the expected timeline for resolution?**
  
  
  
  
  
  
  
  
  
  
- 8. Is there any additional equipment or space needs requires as related to the student's impairment?**



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**Appropriate Professional:**

<b>Signature of Appropriate Professional</b>	<b>Date</b>
<b>Printed Name and Title</b>	<b>Certification or License #</b>
<b>Address</b>	<b>Telephone #</b>
<b>City, State, Zip Code</b>	<b>Fax #</b>

*This medical accommodation process and form adapted with permission from SUNY Potsdam.*



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## RELEASE OF INFORMATION

I, \_\_\_\_\_, hereby give my permission to release information to/from the following offices concerning my disability. I understand that this information is confidential and will only be used in planning the necessary accommodations.

- Residence Life
- Student Accessibility Services
- Davis Health Center
- Counseling Services

\_\_\_\_\_  
Student Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date