



RESIDENCE LIFE

State University of New York • 34 Cornell Drive • Canton, New York 13617-1096 • www.canton.edu

OFFICE: 315-386-7513

FAX: 315-386-7969

RESLIFE@CANTON.EDU

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 is committed to upholding and maintaining all aspects of the American's with Disabilities Act (ADA) of 1990 and Section 504 of the Rehabilitation Act of 1973. As such, a limited number of single rooms, double rooms and suites 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," "medical double" or "medical suite" is 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 housing accommodation must submit their request and proper documentation from an appropriately licensed specialist who is authorized to make such recommendations to the Residence Life Office.

Students who are approved for a medical housing assignment will be contacted, usually via telephone, to discuss room options/locations. Students are offered at least one room option for a medical double, medical single, or medical suite (as appropriate) but often there are multiple available rooms in different locations/buildings. If this is the case, students may choose any open space in a medical double, medical single, or medical suites (as appropriate). The amount charged to students in medical doubles, medical singles, or medical suites (as appropriate) will be determined on a case-by-case basis, but will be no more than the standard traditional hall double room rate. If suite spaces are open in Kennedy Hall, a student who is approved for a medical single or a medical double (i.e. not a medical suite) may select a room in Kennedy Hall, but in those cases the amount charged will be the standard Kennedy Hall suite rate. For students specifically approved for a medical suite as a necessary accommodation, the amount charged will be determined on a case-by-case basis, but will be no more than the standard traditional double room rate. Students who specifically request a suite on their Medical Housing Process form need to demonstrate medical necessity for a medical suite (instead of a standard traditional medical double or medical single). Any student approved for a standard medical double or standard medical single room (not suite) will sign a form acknowledging that they may elect to move to a suite at any point in the future but they would be doing so voluntarily and would therefore pay the standard suite rate. Copies of the "Acknowledgement Form" are available at the Residence Life Office.

PROCESS

Students who want to be considered for a medical single/double/suite 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 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 Accommodative Services Office may be necessary.

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

Students may be asked to 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**. The Residence Life Office will accept applications after the due date but space availability may be limited.



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MEDICAL HOUSING FORM

Documentation of a Medical, Physical and/or Psychological Condition

The student named below has applied for a medical single, medical double, medical suite 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/suite 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 accommodation.

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
 suite (shared)
--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??



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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, suite or living off campus a medical necessity/requirement. Please indicate level of limitation.

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, suite 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 room/double room/suite/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?

Appropriate Professional:

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



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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 Office
- Accommodative Services Office
- Health Center
- Counseling Office

Student Signature

____/____/____
Date