DIVISION of STUDENT AFFAIRS

Housing Accommodation Request Form and Process for 2025-2026

What is this form and process?

Please read this entire form. Students may request a housing-related accommodation if they have a qualified medical condition or psychological/medical disability defined by the Americans with Disabilities Act. Housing requests must be specifically requested from the Office of Residential Life by the student requesting consideration. Only completed requests will be shared and reviewed by, if necessary, the Offices of Residential Life, University Health Services, Counseling and Psychological Services, Disability Services and/or Dining Services. Requests submitted by the specified deadlines will be reviewed prior to assignments being made. Requests submitted after the specified deadlines will be reviewed, but accommodations cannot be guaranteed. Students completing this form may be contacted by the Office of Disability Services in order to process this request. This request form needs to be completed and returned to your Office of Residential Life:

Rose Hill / Louis Calder Center: Office of Residential Life at Rose Hill

Phone: (718) 817-3080 | Fax: (718) 817-3097 | email: resliferh@fordham.edu

Lincoln Center Campus: Office of Residential Life at Lincoln Center

Phone: (212) 636-7100 | Fax: (212) 636-7810 | email: reslifelc@fordham.edu

Student Information (signature on last page):		
Last Name:	First Name:	
Cell Phone:	E-mail Address:	
Home Address:		
Current Housing Assignment (if appl	icable) :	
Fordham ID Number:		
Section to be completed by Physician/Medical or Psychological Provider: *Provider Signature		
*Print Name:	State, License No.:	
*PLEASE NOTE: license number if applicable. Requests will not be processed without provider signature.		
1) Please indicate the nature of the s	special housing request:	
Medical Foo	d Related Mental Health	
2) What specific housing accommodations are you recommending?		

3) What is your diagnosis for the student? How does the stated request relate to the student's condition?

4) What major life activity(ies) is/are substantially limited by the student's condition and how exactly does the student's condition impact these major life functions and to what degree? Additionally, please provide details regarding the chronicity and duration of these limitations. Describe the nature of the physical or other impairment of the applicant that serves as the basis for requesting accommodations.
5) How will the requested housing accommodation address the limitations described above?
6) What other options are available for improving the limitations described above?
7) What potential adverse effects could result from the requested housing accommodation?
8) How long have you been working with the student?

Additional questions for Emotional Support Animal requests:

The health care provider need not use this specific form, but all the information requested here is necessary in order to consider the request for an ESA; the form is provided as a convenience. Generally, we prefer documentation from providers in the State of New York or the student's home state who have personal knowledge of the student, consistent with their professional obligations.

NOTE: please feel free to attach any additional documentation supporting this request.

- 1. Federal law defines a person with a disability as someone who has a physical or mental impairment that <u>substantially limits</u> one or more major life activities. That suggests that a diagnosis (label) does not necessarily equate with a disability (substantial limitation). What is the nature of the student's mental health impairment (that is, how is the student substantially limited?)
- 2. Documentation of disability must come from a reliable source with sufficient direct personal knowledge of the individual to clarify the need for the ESA and the nexus between the disability and the presence of the animal in housing.

When did you first meet with the student regarding this mental health diagnosis?

When did you last interact with the student regarding this mental health diagnosis?

How often have you seen the student (or plan to see the student) for further counseling/treatment?

- 3. What specific symptoms is this student experiencing, and how will those symptoms be mitigated by the presence of the ESA? General assessments are typically insufficient. For example, a statement that "The animal alleviates anxiety" is too general and does not explain HOW the animal may alleviate the symptoms of this student's disability.
- 4. There are some restrictions on the kind of animal that can be approved for the residence hall; it is possible the student may be approved for an ESA, based on the information you provide here, but may not be allowed to bring the specific animal named.

Name of animal:	Type of animal:
Age of animal:	Size of the cage/crate needed for containment:

- 5. Dogs and cats are most often requested as ESAs, and seem best suited to adapting to the communal living setting of the college residence hall. If another type of animal is being suggested for this student, please explain why you believe that animal is a better choice.
- 6. Is the animal named here one that you specifically recommended as part of treatment for the student, or is it a pet that you believe will have a beneficial effect for the student while in residence on campus?
- 7. If any, please list prior interventions and/or strategies utilized in the past to address issues related to housing accommodation.
- 8. This student was provided with a copy of the rules and restrictions surrounding the presence of an animal in residence in the University housing. Has the student shared those restrictions with you? Yes No
- 9. After discussing with the student the responsibilities associated with properly caring for an animal while engaged in typical college activities and residing in campus housing, do you believe those responsibilities might exacerbate the student's symptoms in any way?

Process Information:

Once your completed request is advanced by Residential Life to the appropriate department(s), we may request additional information from your provider who is primarily responsible for treating your particular condition.

A completed request consists of this form and any additional materials/documentation that includes particular details. The provider may not be someone with whom you have a significant emotional relationship (e.g. parent, sibling, or other relative).

Important Supporting Documents:

Documents should be:

- Recent, within the last 6 months of applying for housing
- Direct correlation of the underlying impairment and the requested housing accommodation.

The following documents are not considered proper documentations if submitted alone:

- Self-evaluation found on the internet
- Unrecognized Online Certificates

Returning Students: All requests will be evaluated individually, and while documentation of a specific need or disability is important, it does not ensure approval. Assignments will be granted only if deemed necessary by the University and if space is available. While we will consider requests for specific residences or roommates, we cannot guarantee such placements. Students who receive approval for housing accommodations may need to forgo standard participation in the room selection process to secure their designated assignment. Once an accommodation is offered, the student has 5 business days to accept or decline it. Please note that requests must be submitted and renewed annually; approval from prior years does not guarantee approval in the future. Additional documentation will be reviewed if submitted to the Office of Residential Life within 10 business days after receiving the decision.

New Students: All requests will be evaluated individually, and while documentation of a specific need or disability is important, it does not ensure approval. Assignments will be granted only if deemed necessary by the University and if space is available. While we will consider requests for specific residences or roommates, we cannot guarantee such placements. New students who receive approval for housing accommodations may need to forgo standard participation in the room selection process to secure their designated assignment. Once an accommodation is offered, the student has 5 business days to accept or decline it. New students must participate in the Housing Deposit and Housing Application processes while they are going through this process to be eligible for housing. Please note that requests must be submitted and renewed each year; approval from previous years does not automatically guarantee approval in the future. Additional documentation will be reviewed if submitted to the Office of Residential Life within 10 business days after receiving the decision.

Please note that housing accommodations are limited and undergo a thorough screening process. All forms and supporting documents may be shared with relevant University personnel across different departments. After review, the appropriate department(s) will make recommendations to the Office of Residential Life, which will communicate the final approval or denial in writing via email. For students with a documented disability who are approved for a single room as an accommodation, the single room housing rates will be set at the double room rate in the assigned residence hall.

I have read this form thoroughly and agree to the process described in this form:

*Student Signature	Date:
*DIE405 NOTS	aki dankatanan

*PLEASE NOTE: requests will not be processed without student signature.

Please submit to the Office of Residential Life NO LATER THAN these deadlines:

New Students*:

June 20 for Fall Semester December 15 for Spring Semester April 25 for Summer Semester

Continuing Students:

March 21 for following Fall Semester November 15 for upcoming Spring Semester April 25 for Summer Semester June 21 for Fall Study Abroad

^{*}New students accepted to Fordham after these deadlines must submit their request within one week of submitting a deposit to confirm enrollment.