

Embry Riddle Aeronautical University Disability Support Services Daytona Beach Campus

Documentation of Disability for Accessible Housing

(TO BE COMPLETED BY A LICENSED HEALTH CARE/MENTAL HEALTH CARE PROFESSIONAL)

TO THE HEALTH CARE PROVIDER:

Our student is seeking documentation to assist the college in determining the need for non-standard residential accommodations. Under Section 504 of the Rehabilitation Act and the Americans with Disabilities Act (ADA), ERAU Daytona Beach has established procedures to ensure that students with documented disabilities have access to full program participation, including residential life.

ERAU Daytona Beach offers a wide variety of housing options for students. Numerous locations on campus provide quiet (including some private) spaces for studying. All are within a 10-minute walk of residential campus housing or less.

To request a disability-related housing accommodation (*e.g., ground-level, restroom needs, single room, etc.*), a student must submit verifying professional medical documentation from a licensed provider (or one who has access to past medical history) who has been responsible for the ongoing treatment of an impairment that substantially limits one or more of the major life activities of the individual.

- For disability due to a **medical condition**, diagnosis by a licensed medical professional with expertise in the area of concern is required (physician, physician assistant, or advanced practice nurse practitioner).
- For requests related to a **psychological or mental health disorder**, diagnosis by a licensed mental health professional is required (licensed clinical social worker, licensed professional counselor, psychologist, psychiatrist, or advanced practice psychiatric nurse practitioner).

Please note that a medical diagnosis and recommendation for a particular accommodation alone do not establish a disability-related need for housing accommodations. A student's professional healthcare provider documentation must establish the following for a condition to be considered a disability:

- Compelling evidence, including treatment history, to indicate the impact of a physical or mental health impairment that limits the student's participation in a significant life activity
- A substantial degree of functional impairment;
- Sufficient explanation of how the requested housing assignment relates to the current impact of the condition.

The diagnostician must be an impartial evaluator who is not a family member nor in a dual relationship with the student. Providers should follow ethical standards for their licenses to practice in the student's home state or Florida.

STUDENT/PATIENT/CLIENT NAME: _____

The student named above is requesting non-standard residential disability-related accommodation at ERAU Daytona Beach. A disability is defined under the Americans with Disabilities Act as **“a physical or mental impairment that substantially limits one or more major life activities.”** The information you provide will help us determine the necessity of the requested accommodation or possible alternative solutions.

1. DSM-V/ICD-10/ICD-9 Diagnosis: _____
2. When did you first begin treating this student? _____
3. Approximate office visits either with you (or another practitioner within the same office): _____
4. Date of the most recent (check one) office _____ or treatment/therapy _____ visit: _____
5. What is the severity of the disorder? Mild Moderate Severe

6. Describe the expected duration, stability, or progression of the condition or disability (acute, chronic, episodic, etc.):

7. Please check the extent to which the condition affects major life activities.

Life Activity (Residential)	No Impact	Mild Impact	Moderate Impact	Severe Impact	Don't Know	Not Applicable
Mobility						
Breathing						
Hygiene/Self-Care (Bathing, toileting)						
Verbal Communication						
Hearing						
Living in an unstructured environment such as a residence hall						
Living with a Roommate						
Regulating Emotions						
Sleeping or Waking						
Social Interaction						
Other (Please Specify)						

- 8. If applicable, please describe the patient’s current prescribed treatments, assistive devices, or medical/therapeutic equipment needed:

- 9. **Provide recommendations for campus housing accommodations (e.g. ground-level, specific restroom needs, single room, etc.)** Include a clear rationale between key components of the diagnosed condition and the accommodation requested. Note: Single rooms comprise a small percentage of college housing and are typically not granted to fulfill a need for quiet study space since other private study rooms are available outside residences. A request for a single room must clearly describe what specific disability-related barriers the student would experience if they shared space with another person. The request should explain how typical roommate adjustments (such as using headphones/sound screen devices or apps, using a sleeping mask, or negotiating shared space) would not resolve the concern. Please use additional space as needed.

- 10. What would be the likely disability-related impact on the student if the requested accommodation is not approved?

CONTACT INFORMATION: Please stamp or write

HEALTHCARE PROVIDER NAME: _____

CREDENTIALS: _____

PRACTICE NAME/ADDRESS: _____

CONTACT INFORMATION (email or phone number)

SIGNATURE: _____ **DATE:** _____

COLLEGE CONTACT INFORMATION

Disability Support Services ERAU Daytona Beach
 1 Aerospace Blvd, Daytona Beach, FL 32114
 Email for sending scanned documents: dbdss@erau.edu
 Phone: 386-226-7916 Secure Fax: 386-226-6071