

Housing Disability Accommodation Request

Accommodation Request Documents

The accommodation request for housing accommodations in LUAccommodate must include an attachment of the **Disability Verification Form for Housing Accommodation**.

This form must be completed by a qualified, licensed healthcare provider – see the following description: *Liberty University requires documentation from an appropriately qualified healthcare provider who is currently treating the student to evaluate each request accurately and equitably. The healthcare provider must have an active professional license from the Commonwealth of Virginia or the state of the student's permanent residence. The qualified healthcare provider completing all parts of the Disability Verification Form for Housing Accommodations cannot be related to the student.*

Accommodation Request Process

The housing accommodation process always includes (but may not be limited to) the following steps:

1. Submission of a request through LUAccommodate by the student, including the attachment of a completed Disability Verification Form for Housing Accommodations
2. Student meeting with ODAS staff
3. Verification of the disability by ODAS staff based on documentation
4. Housing accommodation notice submitted to Residence Life
5. A response from Residence Life regarding the request
6. Reply to the student regarding the accommodation request

Reasonable Accommodation

The Office of Residence Life provides reasonable accommodations to residents with Disabilities, who have gone through the process of disability verification with ODAS, in so far as it is reasonably possible to do so.

Due to the limited availability of housing options, failure to submit a request at least **three months before arrival** to the University may result in accommodations being unavailable, even if the accommodation request was approved by ODAS. Please note that housing accommodations are only for your **living space**.

Please note the following:

- Requests for housing accommodations must be submitted **each academic year** the student resides on campus and cannot be guaranteed for any subsequent academic year.
- All information provided with this request may be reviewed, as needed, by appropriate University staff.
- Specific building/room/hall requests may be considered by Residence Life but cannot be guaranteed.
- Roommate requests may be considered by Residence Life but cannot be guaranteed.

Liberty University – Office of Disability Accommodation Support
Disability Verification Form for Housing Accommodations

Section 2 of this form must be completed by a licensed healthcare provider.

1. STUDENT INFORMATION

Student's Name

LUID Number

Student's Email

@liberty.edu

Student's Phone

2. TO BE COMPLETED BY A LICENSED MEDICAL PROFESSIONAL

Note: A letter may not be submitted in place of this form unless all the information below is included in the letter.

A. Diagnostic Information

A.1 Please state the complete diagnosis (ICD-10 and/or DSM-V): _____

A.2 Date of Diagnosis: _____

A3. In addition to the DSM-V and/or ICD-10 criteria, how did you arrive at your diagnosis? Please check all relevant items below, adding brief notes that you think might be helpful to us as we determine which accommodations and services are appropriate for the student:

√	Criteria	Notes (please add information to a checked area)
	Structured or unstructured interviews	
	Interviews with other persons	
	Medical tests	
	Medical history	
	Behavioral observations	
	Developmental history	
	Psychological testing	
	Other (please specify)	

B. Contact History

B1. This student has been under a provider's care for this issue since: _____

B2. Date student was last seen: _____

C. Impact of Condition

C1. Due to the diagnosed condition(s), has the student been determined to have a physical or mental impairment that substantially limits one or more major life activities (breathing, walking, talking, sleeping, bathing, toileting, etc.)

YES NO

If yes, please identify the major life activities that are substantially limited by the student's condition.

C2. Please describe the type and frequency of symptoms currently experienced by the student and how they substantially limit the major activities identified above (ex. Student has a severe migraine headache 3-4 times a week preventing her from being able to stand, walk, or care for herself).

C3. How long is this condition likely to persist? (Permanent/Temporary):

C4. Is the student currently taking medication(s) for their symptoms? YES NO

If yes, what medication(s) is the student currently taking? For each medication, describe the side effects and any impact on academic performance. Do limitations/symptoms persist even with medications?

Medication and Dosage	Side Effects	How are symptoms affected by medication?

D. Disability Accommodations

D1. Are specific housing accommodations necessary for the student to have equal access to campus housing?

YES NO

D2. What housing accommodations are necessary for the student to have equal access to Liberty's student housing facilities based on the diagnosed disability (ex. Ground-floor, wheelchair access to shower)?

D3. Please describe how these housing accommodations relate to the major life activities that are substantially limited by the student's disability (ex. Ground-floor access will make it possible for the student to access the dorm room as the disability affects the student's balance and ability to walk).

D4. If the housing accommodations listed in D2 are not possible, what options could be explored as alternatives to provide equal access?

E. Credentials and Signature

Name and Title (Print)

Address (Print)

Phone (Print)

SIGNATURE (Handwritten or stamp)

Date

3. SUBMISSION

Students must add this completed form in LUAccommodate when submitting a request.

www.liberty.edu/luaccommodate

Physicians may contact the Office of Disability Accommodation Support to submit separate documents at accessibility@liberty.edu