

PROCESS INFORMATION

A student who requires a reasonable accommodation to live comfortably in University housing should complete this *Reasonable Accommodation Request Form for Housing (RARF)*. This form is not for students requesting a support animal.

The *RARF* is reviewed by a healthcare professional at University Health Services (UHS), Counseling and Psychological Services (CAPS), and/or Student Disability Services (SDS), who will make the determination as to the validity of the request. **The student will be informed of the final determination by email within 1-2 weeks after the initial submission of paperwork.** If the determination concludes that the requested accommodation is deemed to not be necessary under the American with Disabilities Act (ADA) as amended or the Fair Housing Act (FHA), the student may request that a HFS Contract cancellation be considered or submit additional documentation that supports the original request.

GUIDELINES

- **The student must have an accepted Housing and Food Service (HFS) Contract before the *RARF* can be submitted.** The *RARF* will not be processed if the student does not have a HFS Contract.
- **Deadline for submitting the *RARF* to have HFS Contract preferences considered for assignment:**
Summer Session: **June 1** Fall Semester: **June 15** Spring Semester: **December 1**

The *RARF* may be submitted at any time, but a student's preferences for area, building, Special Living Options, and/or roommate will only be taken into consideration when the *RARF* is submitted by the deadline dates for the semester that the student will first reside in University housing. As with all room assignments, preferences cannot be guaranteed. The *RARF* determination will supersede any preferences indicated on the HFS Contract. **If the *RARF* is received after room assignments are posted, the University reserves the right to reassign the student to a space that will meet the medical need. This move will only accommodate the student requiring the medical need, and not any requested roommate(s).**

- **The accommodation takes effect once the determination is made, based on space available.** Paperwork cannot be submitted for future semesters without addressing the current assignment.
- **Room Changes:** if a student has been assigned to a room that meets the student's accommodation, the student may be limited in selecting another room. Should the student wish to move to another room where the medical need cannot be met, the student must verify, in writing to the University, that he/she is requesting to move to the specific room, that he/she understands that the accommodation cannot be met in the selected room, and that if the accommodation would be required for future semesters, the *RARF* will need to be resubmitted and reevaluated.
- **Accommodations for Air Conditioning at University Park**
Air conditioned rooms have been established throughout the different housing areas on campus.
 - First-year students who have a medical condition that is determined to require air conditioning will be assigned to pre-determined regular and supplemental housing rooms in the date order from when the offer of admission was accepted. Air conditioners will not be removed from the room at any time.
 - Air conditioned space in traditional residence halls for upper-class students is limited. Upper-class students are encouraged to participate in the request process for the other housing areas that offer air conditioning: Renovated Residence Halls, Eastview Terrace, Nittany Apartments, White Course Apartments, Nittany Suites, and North Suites.

STUDENT INFORMATION – completed by student

Student Name _____ PSU ID _____
Date of Birth _____ Gender: male female
Penn State Access Account _____ Email _____
Home Address _____ Local Address _____
Home Phone Number _____ Local Phone Number _____
Campus _____

I authorize Penn State University to **receive** information **from** the provider below. I also authorize my provider to discuss my condition(s) with the appropriate and qualified Penn State University personnel on an as-needed basis.

Provider Name _____
Address _____
City _____ State _____ Zip _____
Phone Number _____

Student Signature _____ **Date** _____

REQUIRED

I have read the Instruction page of this document, and understand that the determination will be effective immediately. If I submit my **RARF after** the deadline date, I understand that the following may occur:

1. My roommate preferences may not be considered.
2. If room assignments have been posted on eLiving, I will be moved to a room that will meet my medical need without my prospective or current roommate.
3. If I am interested in a room change during the contracted period, I will be limited to rooms that can accommodate my medical need.
4. I understand that once a determination is made, my room assignment will be updated immediately, and that the determination cannot be held for future semesters.

Student Signature _____ **Date** _____

OPTIONAL

I authorize Penn State University to **discuss** my medical information, reasonable accommodation request for housing, and room assignment with the following person(s) on my behalf.

Name _____ Relationship to student _____
Address _____ Phone Number _____
City _____ State _____ Zip _____

Student Signature _____ **Date** _____

STUDENT HEALTHCARE SECTION – completed by healthcare provider

Student Name _____ PSU ID _____

To properly evaluate how Penn State can best meet the student’s need for reasonable accommodations in University housing, the University requires specific diagnostic information from a licensed clinical professional or healthcare provider that is familiar with the history and functional limitations of the student’s physical or psychological condition(s). The provider completing this form cannot be a relative or the student. **The provider should completely respond to all questions.** Additional related information may be attached.

1. Describe how the student’s medical or psychological condition necessitates the need for a reasonable accommodation for housing.

- Please state specific recommendations regarding housing accommodations, and a rationale as to why these housing needs are warranted based upon the student’s medical (physical/emotional health, psychiatric) condition.
- Indicate why the change(s) to the housing environment you recommend are necessary and will enhance the student’s ability to use and enjoy housing (for example, if you suggest a private bathroom, state the reasons for this request related to the student’s condition).

a. How long is this medical or psychological condition/diagnosis likely to persist?

b. When was the last scheduled visit that you had with this student?

2. Describe the symptoms related to the student’s condition that cause significant impairment in a major life activity (could include medication side effects if relevant).

Empty box for describing symptoms related to the student’s condition that cause significant impairment in a major life activity.

3. Please indicate what type of housing accommodation is necessary, based upon the student's condition:

HEALTHCARE PROVIDER INFORMATION – completed by healthcare provider

I am verifying that the named student information is correct, that the student is a patient that I have been treating, and that **I am not a relative of the student.**

Provider Name _____ License Number _____ State _____

Provider Degree _____

Address _____

City _____ State _____ Zip _____

Provider Signature _____ Date _____

Please explain your qualifications to provide a recommendation for a housing accommodation for this student:

COMPLETED FORM SUBMISSION

The completed *RARF* form should be submitted to the appropriate office, based on the student's campus of attendance:

<p>University Park The Assignment Office 201 Johnston Commons University Park, PA 16802</p> <p>814-865-7501 814-863-8364 fax assignmentoffice@psu.edu</p>	<p>Commonwealth Campuses Commonwealth Campus Housing and Food Services 209 Housing and Food Services Building University Park, PA 16802</p> <p>814-865-7862 814-863-5928 fax feedbackCWChfs@psu.edu</p>
--	--