

Housing Accommodation Clinical Care Provider Form (to be completed by treating clinician)

Today's Date: _____

Student's Name: _____ Student's ID: _____

1. Diagnosi(e)s:

2. 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:

- | | |
|--|--|
| <input type="checkbox"/> Structured or Unstructured interviews | <input type="checkbox"/> Medical History |
| <input type="checkbox"/> Medical tests | <input type="checkbox"/> Behavioral Observations |
| <input type="checkbox"/> Interviews with other persons | <input type="checkbox"/> Developmental History |

3. Date of Diagnosis: _____

4. Date student was last seen: _____

5. How long have you treated this student? _____

Office of Disability Support Services

620 Michigan Ave., N.E. | Washington, DC 20064 | 202-319-5211 | 202-319-5126 (FAX) |
cua-dss@cua.edu | dss.catholic.edu |

6. What housing accommodations are needed and why are they required?

Options can include:

- | | |
|---|--|
| <input type="checkbox"/> Accessible building and room | <input type="checkbox"/> Bedshakers |
| <input type="checkbox"/> Accessible furniture (desk, tables, shelves) | <input type="checkbox"/> Single room |
| <input type="checkbox"/> Bathroom modifications (grab bars, roll-in shower, lower sink) | <input type="checkbox"/> Suite-style bath (approximately 4 students per bathroom) |
| <input type="checkbox"/> Central location on campus | <input type="checkbox"/> Private Bath (may require specific documentation as space is extremely limited) |
| <input type="checkbox"/> First floor room | |
| <input type="checkbox"/> Emotional support animal (see full guidelines for ESA's here) | |

7. Are there possible alternatives to a housing accommodation?

PLEASE TYPE OR PRINT CLEARLY

Name & Title _____

Signature _____ **Date:** _____

License/Certification # _____ **State** _____

Address _____

City, State, Zip Code _____

Phone _____

Updated 7/2019\

Please send to

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