



**NEW YORK UNIVERSITY**

A private university in the public service

# **Reasonable Housing Accommodation Request Packet**

This packet includes:

- Introductory Letter from Moses Center Director (p.2)
- General Information Regarding Requests for Reasonable Housing Accommodations (p.3-5)
- Request for Reasonable Housing Accommodations Form (to be completed by student and health care provider) (p.6-10)
- Moses Center Intake/Registration Form (p.11-13)

Dear Student:

This informational packet outlines the procedure for requesting reasonable accommodations for student housing. ***In requesting a reasonable housing accommodation, applicants are expected to meet all NYU Department of Housing application and payment deadlines. Maintaining eligibility for NYU Housing\* is the first step toward making a reasonable housing accommodation request.*** Please pay close attention to the dates indicated in your NYU Department of Housing and Special Accommodations Request application materials.

In accordance with the applicable local, state, and federal disability law, New York University will make effort to provide reasonable accommodations for a student eligible to reside in University housing who has a qualifying physical or mental disability.

In order to be considered for a reasonable housing accommodation, you and your healthcare provider must complete the **Request for Reasonable Housing Accommodations form** provided at the Moses Center for Students with Disabilities or online ([www.nyu.edu/csd/forms](http://www.nyu.edu/csd/forms)) and return it to the Moses Center for Students with disabilities by the stated deadline.

Once you have completed Part I of the **Request for Reasonable Housing Accommodations** form, please forward it to your provider(s) promptly to expedite the process. The healthcare provider should then review the requested accommodations (making notations in the provider sections in Part I as needed) and complete Part II.

Both the form and any additional supporting documentation must be sent directly to: Moses Center for Student with Disabilities, 719 Broadway, 2<sup>nd</sup> Floor, New York, NY 10003, ATTN: Reasonable Housing Accommodations.

Information provided to the Moses Center for Students with Disabilities is kept confidential and will be only shared within the University as is necessary to evaluate the request.

Your request and supporting documentation will be received by a committee consisting of representatives from the Moses Center, the University Student Health Center, and other administrators having knowledge of the accommodation process.

You will be notified of the response to your request by the Moses Center in writing. The correspondence in response to your request will include: (1) the Special Accommodations Committee decision regarding your eligibility for each housing-related accommodation requested, and (2) notification of the manner in which your housing-related needs are going to be met.

If you have any questions about the request process, please contact the Moses Center at (212) 998-4980.

Sincerely,  
Milagros Sanchez-Nester  
Interim Director, Moses Center for Students with Disabilities

\* please see <http://www.nyu.edu/housing/applications/eligibility.html> for more information regarding NYU Housing eligibility

**GENERAL INFORMATION REGARDING REQUESTS  
FOR REASONABLE HOUSING ACCOMMODATIONS**

**DOCUMENTATION DEADLINES**

Students with special needs based on a qualified disability are strongly encourage to make the University aware of these needs as early as possible in the housing assignment process.

Students should provide all required documentation by the deadlines indicated below.

<b>Semester for Which the Accommodation Is Sought</b>	<b>Date by Which Documentation Must be Submitted</b>
Fall 2009 Semester	<ul style="list-style-type: none"> <li>• Current/Returning students must submit by February 13, 2009.</li> <li>• New students must submit by June 9, 2009.</li> </ul>
Spring 2010 Semester	<ul style="list-style-type: none"> <li>• Current/Returning students must submit by November 21, 2009.</li> <li>• New students must submit by November 21, 2009.</li> </ul>

**DOCUMENTATION**

The University requires documentation from a licensed healthcare provider that describes the student's medical condition or disability and supports the request for a reasonable housing accommodation. The licensed healthcare provider may complete a **Request for Reasonable Housing Accommodations** form (page 6). If your healthcare provider decides to include a letter in lieu of the form, the letter must include the following:

- The nature, severity, and duration of the disability or impairment.
- The activity or activities the disability or impairment limits.
- The extent to which the disability or impairment limits the student's ability to live or function in a student residence or to function academically.
- The housing accommodation that will be needed for the student based on the disability or impairment.

**Unacceptable Forms of Documentation**

Please do not submit the following documents. The Special Accommodations Committee will not accept them:

1. Handwritten patient records or notes from patient charts.
2. Diagnoses on prescription pads.
3. Self-evaluation found on the Internet or in any print publication.
4. Research articles
5. Original evaluation/diagnostic documents; submit copies of the original documents.
6. Correspondence from healthcare providers not directly addressed to the New York University Special Accommodations Committee

### **SINGLE ROOMS**

Single rooms (private sleeping area within a shared suite) comprise less than 5% of the NYU Housing system. A request for a single room must clearly demonstrate how sharing a sleeping area would adversely impact your ability to perform academically. The request should include an explanation of how typical roommate adjustments (such as using headphones, using a sleeping mask, or negotiating shared use of a space) would not resolve the concern.

### **ROOMMATE REQUESTS**

Please be advised that roommates may be assigned to students with disabilities who are occupying modified rooms in the same manner as other residential students. Roommate requests are not evaluated by the Special Accommodations Committee.

### **MEAL PLANS**

Students living in Traditional Residence Halls (Rubin, Brittany, Weinstein, Hayden, and Goddard) are required to purchase a minimum of a 10 Meal Plan through Aramark Dining Services. Student who prefer or need to prepare their own meals can choose to waive the meal plan by residing in Apartment-Style Halls with kitchens. Meal plans will not be waived for students in Traditional Halls unless the student can demonstrate the following two criteria through appropriate documentation:

1. The student must reside in Traditional Halls and cannot reside in Apartment-Style Halls.
2. The student has a specified prescribed diet consistent with a medical diagnosis which cannot be accompanied by Dining Services.

### **FURNITURE**

NYU provides student furniture which meets certain space and fire safety requirements. A student who wishes to bring non-University furnishings related to his/her special need must submit the request to the Moses Center for Students with Disabilities. The student will be required to provide documentation that demonstrates a need for non-University furnishings.

### **AIR CONDITIONING**

Some residence halls do not have air-conditioning units. If air conditioning is a critical accommodation for a student with a qualified disability, it is advisable to request assignment in a room with an air-conditioning unit.

### **CARPETING**

If carpeting exacerbates a respiratory condition, it is advisable to request assignment in a building in which rooms are not carpeted.

### **BUILDING AND ROOM RATES**

Residents are subject to billing rates based on the building and type of room. Single rooms are higher in cost than most typical shared rooms on campus. Kitchen facilities, air conditioning and other amenities also affect room rates. Building location and room rates are available on the NYU Department of Housing website ([www.nyu.edu/housing](http://www.nyu.edu/housing)) and at the Department of Housing office.

Student Name: \_\_\_\_\_

**PHYSICAL MODIFICATIONS**

Students who may require physical modification in their living space must indicate their specific needs by the deadlines stated on the previous page. Examples of modifications may include wheelchair accessibility and modifications for hearing impaired students. It is important that you indicate such needs at the onset of your reasonable housing accommodation inquiry.

Student Name: \_\_\_\_\_



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The Henry and Lucy Moses  
Center for Students with Disabilities  
719 Broadway, 2<sup>nd</sup> Floor  
New York, NY 10003-6806  
(212) 998-4980 Voice TTY  
(212) 995-4114 Fax

## Request for Reasonable Housing Accommodation

**PART I. Instructions to Student:** Please complete this form and submit it with the appropriate documentation from a *licensed* healthcare provider (e.g. physician, psychologist, social worker) describing your disability or impairment and supporting your request for each reasonable housing accommodation you are seeking. **Please have your healthcare provider complete all shaded areas of Part I and complete and sign Part II.** Students requesting a reasonable housing accommodation must return this form and appropriate medical documentation to the Moses Center by the appropriate yearly/semester deadlines to permit timely evaluation of housing requests.

All requests will be reviewed and evaluated by the professional staff at the Moses Center for Students with Disabilities. When necessary, consultation will also be made with medical or counseling professionals from the Student Health Center and/or University Counseling and Behavioral Health Services. All information provided to the Moses Center for Students with Disabilities is kept confidential under applicable laws, and only will be shared with those specific professionals necessary to fully evaluate the request.

**Name:** \_\_\_\_\_ **Net ID#:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Semester/Year for which accommodation is sought:** \_\_\_\_\_

**Current Assignment (if any):** \_\_\_\_\_

**Class/Year:**  Freshman  Transfer  New Grad  Returning Upperclassman

### Accommodation Request #1 (to be completed by student)

Nature of Disability Based Concern/Issue	Housing-Related Accommodation Requested

Student Name: \_\_\_\_\_

**Provider Comments: (to be completed by the Provider)** Please note the extent/nature of the above noted need, the relationship between the disability and the reasonable accommodation sought, and alternatives in the event that the requested accommodation is not possible.

**Accommodation Request #2 (to be completed by student)**

Nature of Disability Based Concern/Issue	Housing-Related Accommodation Requested

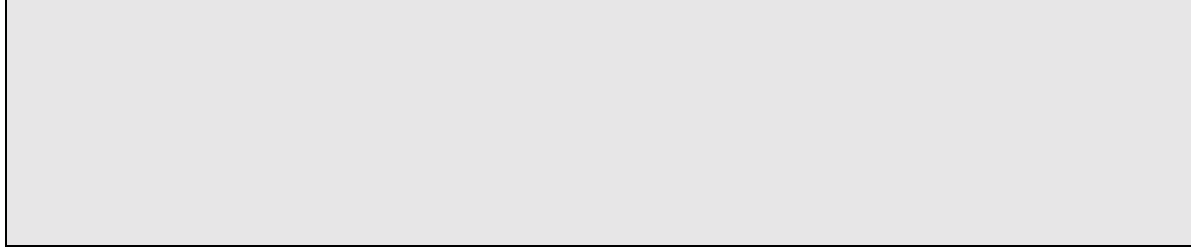
**Provider Comments: (to be completed by the Provider)** Please note the extent/nature of the above noted need, the relationship between the disability and the reasonable accommodation sought, and alternatives in the event that the requested accommodation is not possible.

**Accommodation Request #3 (to be completed by student)**

Nature of Disability Based Concern/Issue	Housing-Related Accommodation Requested

Student Name: \_\_\_\_\_

**Provider Comments: (to be completed by the Provider)** Please note the extent/nature of the above noted need, the relationship between the disability and the reasonable accommodation sought, and alternatives in the event that the requested accommodation is not possible.



Student Name: \_\_\_\_\_

**TO BE COMPLETED BY THE HEALTHCARE PROVIDER:**

**PART II. Instructions to healthcare provider:** Your patient has requested a reasonable housing accommodation at New York University. In order to conduct a full review and evaluation of the request, the University requires that a licensed physician or psychologist complete this form to describe the student's medical or psychological condition or disability and supports the request for reasonable housing accommodation. The University reserves the right to request patient treatment records, with the student's consent, to assist us in determining appropriate accommodations. You may have your patient complete your HIPAA form authorizing the disclosure of medical information or you may have your patient complete the HIPAA form attached to this form.

**Student Name:** \_\_\_\_\_ **Net ID#:** \_\_\_\_\_

**Please respond to the following items regarding the student named above.**

1. How long have you been treating the individual? \_\_\_\_\_

2. When was the last visit you had with the individual? \_\_\_\_\_

3. What is/are the disability diagnosis(es), the date of onset, and severity?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Please provide the results and dates of any testing and/or evaluations used. Copies of tests are acceptable.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Please list any current functional issues and impact on Activities of Daily Living.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Please provide any past treatment and response.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. What is the current treatment plan (including medications)?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student Name: \_\_\_\_\_

8. Please feel free to attach additional documentation that would be helpful in evaluating the student's request for reasonable housing accommodations.

Healthcare Professional Name: \_\_\_\_\_

Professional Licensure: State \_\_\_\_\_ Number \_\_\_\_\_

Healthcare Professional Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Address: \_\_\_\_\_ Office Phone: \_\_\_\_\_



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## **WELCOME TO THE MOSES CENTER FOR STUDENTS WITH DISABILITIES**

### **DOCUMENTATION REQUIREMENTS FOR REGISTRATION WITH THE MOSES CENTER FOR STUDENTS WITH DISABILITIES**

#### **ACADEMIC ACCOMMODATIONS**

In order to register with the Moses and qualify for academic-related services, a student must provide current appropriate documentation of disability. Documentation guidelines include the following:

- |                                                               |                                                                                                                                                       |
|---------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| For visual disability:                                        | Attach acuity report.                                                                                                                                 |
| For hearing disability:                                       | Attach audiogram.                                                                                                                                     |
| For learning disabilities and/or attention deficit disorders: | Attach psycho-educational evaluation.<br>(for LD - within 5 years; for AD/HD - within 3 years)                                                        |
| For other impairments/disabilities:                           | Attach evaluation by qualified professional stating specific diagnosis, nature and severity of impairment, and description of functional limitations. |

#### **REASONABLE HOUSING ACCOMMODATIONS**

If you are registering with the Moses Center in order to qualify for housing-related special accommodations, please see pages 6-10 of the **Reasonable Housing Accommodation Request Packet**. Information provided by your healthcare provider on pages 6-10 of the **Reasonable Housing Accommodations Request Packet** will serve as your primary documentation with the center.

You are asked to sign a Release of Information Form allowing your Moses Center coordinator to communicate with the evaluator or physician, should there be any need for clarification. If documentation is incomplete or inadequate, students may be asked to supply additional documentation.

**Note:** *The information you provide to the Moses Center for Students with Disabilities is treated as confidential. Moses Center medical files are not part of a student's official academic records at NYU and cannot be released to anyone outside the Moses Center without the student's written permission.*

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

ID#: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Please check here if you are registering with the Moses Center for **housing-related reasonable accommodations ONLY.**

Date of Onset of Disability: \_\_\_\_\_

Month/Year of NYU Enrollment: \_\_\_\_\_

Major or Program: \_\_\_\_\_ School: \_\_\_\_\_

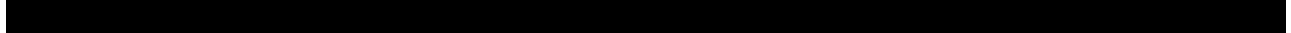
Local Address:

\_\_\_\_\_  
\_\_\_\_\_

Telephone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Permanent Address (if different):

\_\_\_\_\_  
\_\_\_\_\_



Medical Name of Disability: \_\_\_\_\_

How does the disability impact your ability to perform as a student at NYU?

\_\_\_\_\_

List the medication(s) and dosage(s) you currently take: \_\_\_\_\_

\_\_\_\_\_

Do you have any other medical condition(s) that might also impact on your ability to perform as a student at NYU? Yes: \_\_\_\_ No: \_\_\_\_

Name of Other Condition(s):

\_\_\_\_\_  
\_\_\_\_\_

Student Name: \_\_\_\_\_

What is your primary purpose for coming to the Moses Center?

\_\_\_\_\_  
\_\_\_\_\_

How did you learn about the Moses Center? \_\_\_\_\_



Intake by: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**FOR OFFICE USE ONLY:**

**COORDINATOR ASSIGNMENT**

- |                                                  |                                            |
|--------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Christopher Kemkpski    | <input type="checkbox"/> Mary Liz McNamara |
| <input type="checkbox"/> Lakshmi Clark-McClendon | <input type="checkbox"/> Maria Schiano     |
| <input type="checkbox"/> Daphne Grant            |                                            |

**Contact Date:** \_\_\_\_\_

**Appointment Scheduled For:**  
**Date** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Notes:**  
\_\_\_\_\_  
\_\_\_\_\_