Mount Saint Mary College

Office of Disability Services
330 Powell Avenue, Newburgh, New York 12550 • www.msmc.edu
Phone: 845-569-3638 Fax: 845-569-3558

Director of Disability Services, Alisha McCorvey *Accommodations Coordinator, Maggie McCarthy*

Medical Housing Accommodation Documentation Form

_____ has requested a medical housing accommodation. In order to accurately and equitably evaluate this request, Mount Saint Mary College requires documentation from an appropriate professional. This documentation must relate the current impact of the condition to the requested housing accommodation. All documentation will be maintained as confidential and should be submitted to:

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All requests will be reviewed on a case-by-case basis. Documentation of a special need or disability does not guarantee that an application will be approved. Assignments are made only if spaces are available. Assignment to a specific residence hall cannot be guaranteed. Learning disabilities, attention deficit disorder and most psychological disorders generally do not warrant special housing. All requests will be reviewed by the Office of Disability Services. It should be noted that medical requests are for an individual, not a group.

Please Note: Students will need to reapply each academic year and submit updated supporting documentation as necessary.

The student has requested the following Medical Housing Accommodation(s):

_____
_____
_____

TO BE COMPLETED BY LICENSED MEDICAL PROFESSIONAL:

Student's Diagnosis: _____

Date of Original Diagnosis: _____

Date of Last Evaluation: _____

Is the student currently under your care? _____

How long has the student been under your care? _____

Please describe treatments and/or medications that are currently being prescribed or used to minimize the impact of the condition:

_____
_____
_____

Medical Housing Accommodation Request Deadlines:

Spring Semester – January 1 Fall Semester – March 8 (Returning Students) June 16 (New Students)

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Summary of most recent evaluation:

_____
_____
_____

Describe the expected duration, stability, or progression of the condition:

_____
_____
_____

Describe the current limitation(s) imposed by the condition (academic, social, medical, etc.):

_____
_____
_____

Explain how the requested housing accommodation will address the condition:

_____
_____
_____

In your opinion, what are the possible consequences if the College is unable to meet the accommodation?

_____
_____
_____

What steps has the student taken to address the condition?

_____
_____
_____

What are possible alternatives if the requested accommodation is not available?

_____
_____
_____

Name: _____ Phone: _____

Email: _____ Fax: _____

License#: _____ State of Practice: _____

Address: _____

Street City State Zip Code

Signature: _____ Date: _____

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