



## INSTRUCTIONS for requesting SPECIAL HOUSING ACCOMMODATIONS – page 1 of 2

Dear Student,

Requesting special housing accommodations is a **six (6)-step process**:

1. Student reads, completes and signs FORM 1, including the first page, entitled "Air-Conditioned Residence Halls."
2. Student submits the 3-page FORM 1 to SSD by mail, fax, or in-person.
3. Student requests a letter or report from the health care provider and gives the provider a copy of FORM 2 –Documentation Guidelines.
4. The provider's letter documenting the disability, per FORM 2 Guidelines, is delivered to SSD by either the health care provider or the student, via mail, fax or in-person.
5. SSD reviews the completed application during the next Special Housing Committee meeting.
6. SSD notifies the student of the committee's decision, in writing, via an email or letter.

Students are encouraged to call the SSD Office, (540) 231-3788, with questions about this process.

The Special Housing Review Committee will review the merits of each completed application on an individual basis. Initiating this process does NOT guarantee that accommodations will be approved.

**\*\*Note:** depending upon severity, asthma/allergies may or may not be a condition that is generally recognized as a disability under the Americans with Disabilities Act, and may or may not qualify for special housing accommodations.

**REFER TO THE SSD WEBSITE FOR DEADLINE DATES.**

June 2017 rev.

**(continued)**

***Invent the Future***

**Services for Students with Disabilities (MC 0185)**

Lavery Hall, Suite 310, Virginia Tech

430 Old Turner Street

Blacksburg, Virginia 24061

540/231-3788 Fax: 540/231-3232

E-mail: [ssd@vt.edu](mailto:ssd@vt.edu)

[www.ssd.vt.edu](http://www.ssd.vt.edu)

**INSTRUCTIONS for requesting SPECIAL HOUSING ACCOMMODATIONS – page 2 of 2**

Submit completed applications in person, by fax or by mail:

**Services for Students with Disabilities (MC 0185)**

**Lavery Hall, Suite 310, Virginia Tech**

**430 Old Turner Street**

**Blacksburg, Virginia 24061**

**FAX (540) 231-3232**

**Remember:** ALL required documentation must be completed and submitted to the Services for Students with Disabilities Office before the request is considered. FORM 1 is required each year the student will reside on-campus. Updated documentation from the health care provider may be requested by SSD in subsequent years, if it is needed.

**ANY Student** who wants to request **classroom accommodations** also: please call the SSD office at (540) 231-3788 for specific instructions regarding documentation requirements.

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**FORM 1: STUDENT REQUEST for SPECIAL HOUSING ACCOMMODATIONS – page 1 of 3**

**AIR CONDITIONED RESIDENCE HALLS**

PLEASE READ the following information regarding AIR-CONDITIONED RESIDENCE HALLS BEFORE you submit any forms!

Virginia Tech has a few air-conditioned residence halls. However, living in an air-conditioned residence hall does not guarantee low-allergen air quality or a consistently comfortable air temperature. This is because most of these buildings DO NOT have individually controlled air-conditioning units in student rooms and, when the system is on, there are No air-filtration units in the buildings.

Residents cannot control the availability of air-conditioning or heat within their room or in the residence halls. Residents may need to open their windows during unseasonably warm spring weather, since predicted cooler temperatures would prohibit activation of the air-conditioning system. Once the air-conditioning system is running, it usually remains active until early October.

Please carefully consider these facts when determining whether to submit a special housing accommodation request involving an air-conditioned environment. **Note: Students may bring a room-sized fan and a small HEPA air-filtration unit without applying for special housing.**

The central air-conditioned halls are equipped with a 2-pipe system that heats or cools the entire building. This means that either the air-conditioning is on, or the heat is on, for all buildings on the system. When seasons change, average temperatures and long-range weather predictions are used to determine when air-conditioning or heat is turned on and off.

The nature of the 2-pipe system prevents immediate switching from one to the other. Residents usually can expect several weeks when both heat and air-conditioning are shut down, depending on local climate conditions. During this interval, the pipe system is cooling or warming in anticipation of the upcoming seasonal requirements.

In typical circumstances, the residence halls are heated until mid-March or early April, followed by an indeterminate hiatus when neither heat nor air-conditioning is provided to the buildings. When conditions warrant, the air-conditioning is turned on (last-year, for example, the system did not begin cooling until approximately one week before spring semester final exams).

The student acknowledges that the above information about *Air Conditioned Residence Halls* has been read and understood.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FORM 1: STUDENT REQUEST for SPECIAL HOUSING ACCOMMODATION – page 2 of 3**

**PLEASE PRINT OR TYPE**

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

Local/Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_@vt.edu

Local Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Incoming Freshman:            Transfer Student:            Returning Student:

Male:            Female:            Transgender:

Semester(s) Requested:    Fall \_\_\_\_ Spring \_\_\_\_ Summer \_\_\_\_    Year: 20 \_\_\_\_ - \_\_\_\_

I am requesting: (check all that apply)

- ground floor room     air-conditioned room     single room  
 to live off campus     suite style room     housing for personal attendant  
 Deaf/HH flashing alarms  
 other (describe): \_\_\_\_\_

Please provide a personal statement supporting your request and describe how the request relates to your condition:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

**Services for Students with Disabilities (MC 0185)**

Lavery Hall, Suite 310, Virginia Tech

430 Old Turner Street

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540/231-3788 Fax: 540/231-3232

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**FORM 1: STUDENT REQUEST for SPECIAL HOUSING ACCOMMODATION – page 3 of 3**

**During the past school year**, have you visited your doctor or Schiffert Health Center for treatment related to the disability? \_\_\_\_\_ Yes \_\_\_\_\_ No

**If yes**, then please provide the number of times \_\_\_\_\_ and attach documentation (if possible) of your visits.

**Will you be requesting** classroom accommodations? \_\_\_\_\_ Yes \_\_\_\_\_ No

**If yes**, then you must provide additional information regarding the functional impact of the disability in an academic setting. Please contact the SSD office for specific instructions.

**Will you need assistance** during an emergency evacuation of a residence hall? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please read each section and check the boxes before signing and dating this page!

- Roommate preference will NOT be a consideration for students who qualify for special housing accommodations.
- Returning students holding a "conditional housing contract" are given a housing assignment in late summer. Even if approved for an air-conditioned residence hall, the initial assignment may not be in an air-conditioned residence hall, and you might be placed on the waiting list for one of these residence halls.
- Formal requests (completion of FORM 1) for special housing accommodations are required each academic year the student plans to live on-campus. The student will be notified if updated documentation is required each year that special housing accommodations are requested. In addition, the University, acting in good faith, reserves the right to request updated documentation at any time.
- The student agrees that any information provided in conjunction with this request may be reviewed, as necessary, by appropriate University staff to determine the response. In addition, the student grants permission for attending physicians and/or other professional providers to share information as requested by University staff.

Applications without Student's signature (below) WILL NOT be considered. Also, INCOMPLETE forms or UNCLEAR responses WILL NOT be considered.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Deliver the completed 3-page form to: **Services for Students with Disabilities (MC 0185)**  
**Lavery Hall, Suite 310, Virginia Tech**  
**430 Old Turner Street**  
**Blacksburg, Virginia 24061**

**FAX (540) 231-3232**

June 2017 rev.

**FORM 2: SPECIAL HOUSING Documentation Guidelines for Health Care Provider – page 1 of 3**

Dear Provider:

A letter, on professional letterhead, is needed as documentation to support the student's request for special housing accommodations. This type of documentation may require yearly updates, as long as the student lives on-campus.

Please call the **SSD office** if you have any questions: **(540) 231-3788**. Thank you.

1. Your Specialty.
2. Student's Name and Date of Birth
3. Dates of service for this patient.
4. Date of most recent visit.
5. Frequency of visits in the last year.
6. Medical diagnosis *including* label/description with ICD-10-CM, or DSM-V Axis I and/or Axis II codes.
  - A. Date or age of onset, or initial diagnosis.
  - B. Regarding Students with allergies:
    1. Describe specific type and how determined:
    2. Allergic Rhinitis: Seasonal or Perennial
    3. Allergic Conjunctivitis
    4. Other (describe)
      - a. Allergens determined using:
        1. Skin testing results – include a copy
        2. Other diagnostic testing
  - C. Regarding Students with asthma, describe specific type:
    1. Exercise Induced Asthma
    2. Intermittent Asthma
    3. Persistent Asthma
    4. Other (please define)
7. Expected duration (permanent, temporary, remitting/relapsing).
8. Prognosis (progressive, stable, guarded). *Please use descriptive qualifiers in your assessment of prognosis if appropriate.*

**FORM 2: SPECIAL HOUSING Documentation Guidelines for Health Care Provider – page 2 of 3**

9. Number of hospitalizations for the above condition(s)
  - A. within the past year, *including* the length of stay.
  - B. Regarding Students with asthma:
    1. History of severe asthma exacerbations requiring emergency care with most recent date.
    2. History of Prior intubation.
10. Current Prescriptions
  - A. If generic, please then include *brand name* equivalent.
  - B. Dosage instructions.
  - C. Patient's compliance issues, if applicable.
  - D. Side effects experienced by this patient, if applicable.
  - E. Regarding Students with asthma:
    1. Short-Acting Beta Agonists
    2. Long-Acting Beta Agonists
    3. Inhaled Corticosteroids
    4. Antihistamines
    5. Steroid Nasal Inhaler
    6. Other
    7. Prior use of IM or oral corticosteroids for asthma with most recent date prescribed.
    8. Does patient requires more than two (2) canisters of short-acting beta agonist per month?
11. Describe other medical treatments, therapies, devices, or regimens prescribed including compliance, and response to intervention (e.g. allergy patients: Prior or current immunotherapy/allergy shots).
12. Please provide a complete written narrative describing the current functional limitations of the patient. (*Information about using functional limitations in documentation of a medical disability is on page 3 of this document*).
  - A. Describe the functional limitation.
  - B. State the degree of limitation (mild, moderate, severe, etc.).
  - C. Explain its effect on functioning *in a residence hall setting*.
13. Describe any recommendations for specific accommodations or other services to address the specific functional limitations identified above.

**FORM 2: SPECIAL HOUSING Documentation Guidelines for Health Care Provider – page 3 of 3**

14. If there are specialty evaluations or reports (e.g. neuropsychological, psychiatric, vision, hearing, speech, physical therapy, occupational therapy, etc.), *pertinent to living in a residence hall environment*, for this patient, then:  
include a copy if possible, or identify the service provider so SSD can discuss it with the student.
15. Other information determined to be helpful in assisting the student at Virginia Tech.

Medical or Health Care Provider Signature and Date are required at the end of the letter/report.

**Please note:** the student/patient is responsible for any costs related to release of records. The SSD Office will accept documentation by facsimile, or paper copy in-person or by mail.

Please send the completed letter/report to:

**Services for Students with Disabilities (MC 0185)**

**Lavery Hall, Suite 310, Virginia Tech**

**430 Old Turner Street**

**Blacksburg, VA 24061**

**FAX: (540) 231-3232**

**Documentation of a Disability Using Functional Limitations**

Documentation should address functional limitations (how the student's disability will affect his/her **living in a residence hall environment**). Please note: Your input is very helpful in assisting SSD with making the final determination of appropriate and reasonable accommodations in the academic setting.

Any recommendations for accommodations should refer specifically to the functional limitation for which the accommodation is needed. The description must clearly delineate the impact of the disability on the student's functioning in a residence hall setting.

Possible areas of functioning to consider: hearing, vision, speech, manual dexterity, general motor coordination, ambulation, activities of daily living, endurance, strength, respiration, concentration, memory, sleep quality, eating habits, social interaction, environmental sensitivities, etc.