



**AUBURN UNIVERSITY  
AT MONTGOMERY**

**CENTER FOR  
DISABILITY SERVICES**

## **DISABILITY-RELATED HOUSING ACCOMMODATION REQUEST FORM**

Auburn University at Montgomery (AUM) provides reasonable accommodations to students with disabilities who have a verifiable need for the reasonable accommodation. A reasonable accommodation is an exception to the usual rules, policies, practices, or services that a resident with a disability may need to have an equal opportunity to use and enjoy University housing.

Under the Americans with Disabilities Act Amendments Act of 1990 (ADA) and the ADA Amendments Act of 2008, the term "disability" includes (a) a physical impairment that substantially limits one or more of the major life activities of an individual; (b) a record of such an impairment; or (c) being regarded as having such an impairment. It is important to understand that a diagnosis of a medical condition and/or disorder in and of itself does not substantiate a disability. Thus, information sufficient to render a medical diagnosis might not be adequate to determine that an individual is substantially impaired in a major life activity.

**Students must request housing accommodations annually and must annually submit this *Disability-Related Housing Accommodation Request Form* indicating the current impact of their disability. This form has two sections, a section to be completed by the student and a section to be completed by a qualified healthcare professional. A qualified healthcare professional must have experience regarding the functional limitations of the student's disability/condition and current symptomology; as well as, how it would affect the student's housing needs. Additionally, the professional may not be related to the student. Requests are reviewed on a **case-by-case basis** and **incomplete information may require follow-up before the request can be considered For disability housing accommodations.****

To request housing accommodations students should:

1. Complete the application for Housing.
2. Specify accommodation(s) request on the application for Housing.
3. Pay the housing application fee.
4. Create a student account in Accommodate for accommodation services and upload any supporting medical or disability documentation when completing the online Accommodate form at:

[https://aum-accommodate.symplicity.com/public\\_accommodation/](https://aum-accommodate.symplicity.com/public_accommodation/)

5. Complete the CDS *Disability-Related Housing Accommodation Request Form* and return to CDS by:

Mail: AUM-CDS  
PO Box 244023  
Montgomery, AL 36124-4023

Email: [cds@aum.edu](mailto:cds@aum.edu)  
Fax: 334-244-3907  
Drop Off: 147 Taylor Center

**DISABILITY-RELATED HOUSING ACCOMMODATION REQUEST FORM**

**To Be Completed by the Student**

Student Name (First, Middle, Last): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ AUM Email: \_\_\_\_\_@aum.edu

AUM S#: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_

This request is for (please select semester(s) and indicate year):

Fall            Spring            Summer            Year: \_\_\_\_\_

Classification: Freshman    Sophomore    Junior    Senior    Graduate Student

Please state below what housing accommodation(s) you are requesting due to disability and discuss why this accommodation is necessary:

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

I authorize the Center for Disability Services to contact and to discuss my housing accommodation request with AUM Housing & Residence Life staff. In addition, I understand it may be necessary to disclose my disability/condition to Housing & Residence Life staff with the intent to determine and/or to assist with my housing accommodation request. **Additionally, your healthcare provider may be contacted for diagnosis/recommendation clarification.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**DISABILITY-RELATED HOUSING ACCOMMODATION REQUEST FORM**

**To Be Completed by the Health Care Professional**

**This section of the form must be completed by a licensed clinical professional/therapist/healthcare provider who is familiar with the history and functional limitations of the student. The licensed physician or other qualified professional should have seen the student in-person in the past twelve months and know the student's current symptomology.**

The student named above has requested a disability-related housing accommodation at Auburn University at Montgomery (AUM). A disability is defined under the Americans with Disabilities Act (ADA) and the ADA Amendments Act of 2008 as a physical impairment that substantially limits one or more of the major life activities of an individual; a record of such an impairment; or being regarded as having such an impairment.

1. Under the ADA, this student has a:            Disability            Temporary Impairment            Other

If temporary impairment, duration: Six months or Less    Greater than Six Months

If other, please explain: \_\_\_\_\_  
\_\_\_\_\_

2. Specify and describe the diagnosed disability/condition that requires the requested accommodation(s).

Diagnosis: \_\_\_\_\_

Date of diagnosis: \_\_\_\_\_

Last contact with the student: \_\_\_\_\_

What is the severity of the medical condition/disorder?    Mild    Moderate    Severe  
Please explain:

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

Is the medical condition/disorder:            Acute            Chronic            Episodic  
Please explain:

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

Has the student been treated in an emergency room and/or hospital for this condition within the last year?            Yes            No

## DISABILITY-RELATED HOUSING ACCOMMODATION REQUEST FORM

Please explain:

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3. Describe how each medical condition/disorder substantially limits the student's ability to perform a major life activity as compared to most people in the general population:

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Major Life Activities Assessment: Please review major life activities listed below and indicate the severity the impairment(s) places on each activity.

<b>Life Activity</b>	<b>Negligible</b>	<b>Moderate</b>	<b>Substantial</b>	<b>Unknown</b>
Walking *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seeing *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caring for Oneself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performing Manual Tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concentrating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Memorizing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interacting with Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## DISABILITY-RELATED HOUSING ACCOMMODATION REQUEST FORM

**\*Walking Limitation:**

- Is unable to walk 200 feet without stopping to rest.
- Is unable to walk without use of, or assistance from, a brace, cane, crutch, another person, prosthetic device, wheelchair, or other assistive device.

**\*Seeing Limitation:**

Visual Acuity \_\_\_\_\_

Assistive devices used by the student \_\_\_\_\_

**\* Hearing Limitation:**

***(Include an audiogram)***

- Needs a sign language interpreter

Assistive devices used by the student \_\_\_\_\_

4. Identify if the student is using any measure (e.g., prescriptions, treatment, therapy, etc.) that mitigates the limitations caused by his/her impairment and, if so, if the mitigating measure(s) eliminates the substantial limitations:

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If yes, please specify medication, dosage, & frequency:

Medication	Dosage	Frequency

**DISABILITY-RELATED HOUSING ACCOMMODATION REQUEST FORM**

5. Explain how the accommodation is necessary and, when appropriate, indicate those that might be preferable versus those that are medically necessary for the student to use and enjoy University housing as compared to a person without a disability:

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6. Identify any other accommodation that may be equally effective in allowing the student to use and enjoy University housing:

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7. If applicable, please select and/or describe any environmental modifications the student may need:

Room type\*:            Private bedroom            Private apartment

**\*Note:** Please be advised particular housing assignments based on a student's preference, rather than need, may not be granted. Single room accommodations are reserved for individuals whose documentation illustrates clear and substantial needs, and for whom a standard housing assignment with a roommate is not viable.

Ground floor room or room on a lower floor

Access to elevator

Wheelchair accessible room

Private bathroom

Special fire alarm (strobe, bed shaker, etc.)

Other (please explain): \_\_\_\_\_

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**DISABILITY-RELATED HOUSING ACCOMMODATION REQUEST FORM**

Please indicate equipment student must bring:

*\*Provide measurements for large items*

Hospital/modified bed

Manual wheelchair/Electric wheelchair

Motorized scooter

Adaptive technology (AT)

Shower bench/chair

Specialized medical equipment (describe): \_\_\_\_\_

\_\_\_\_\_

Other (please explain): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Name of Verifier (print): \_\_\_\_\_

Position: \_\_\_\_\_

License Number: \_\_\_\_\_

Signature of Verifier: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

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

***Please return this signed Disability-Related Housing Accommodation Request Form to:***

<p>AUM-CDS PO Box 244023 Montgomery, AL 36124-4023</p> <p>Phone: 334-244-3631 Fax: 334-244-3907 Email: <a href="mailto:cds@aum.edu">cds@aum.edu</a></p>	<p><b><u>*CDS STAFF USE ONLY*</u></b></p> <p>Date form received:</p> <p>Accommodation approved</p> <p>Accommodation not approved Reason:</p>
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