Request for Housing Accommodations
Policy and Procedure
Section A- Student

St. Bonaventure University is a residential campus; therefore every effort will be made to accommodate housing and dietary needs on campus for students with medical and/or psychological disabilities. Current documentation from a licensed and qualified professional is required in order to determine appropriate accommodations based on functional limitations that will impact the student in a residential setting. The Housing Documentation form must accompany this form and may be picked up in the Office of Disability Support Services, or the Office of Residential Education and Housing, Reilly Center 206.

- All parts of the Request for Housing Accommodations must be completed as thoroughly as possible. Requests are kept in a confidential file and will only be shared as appropriate with the Office of Disability Support Services, the Center for Student Wellness and the Office of Housing & Residential Education.
- As per University policy, all undergraduates who live in a traditional residence hall are required to have a meal plan.
- Housing assignments are approved annually. Even if your current housing reflects consideration of your health/disability-related needs, you must apply for your housing accommodation using this process each academic year. Previous circumstances do not automatically ensure similar housing arrangements in the future.
- The request authorizes us to contact your clinician if your documentation is insufficient or needs clarification. Your signature below signifies your understanding of the process and your obligations.

Student Signature: __________________________________________ Date: _________________

Please return the completed form and supplemental documentation to:
Office of Disability Support Services
St. Bonaventure University
26 Doyle Hall
St. Bonaventure, NY 14778
Fax: 716-375-2072
Request for Housing Accommodations:
Section B (must be submitted by student with section A)

Please print legibly

Name: ___________________________________________________ ID#: _______________________
Mailing Address: _______________________________________________________________________
Email Address: ___________________________ Cell Phone: _________________________________
Anticipated Year of Graduation: __________________

Please check the requested accommodation(s):

______ Wheelchair accessible room
______ Visual / Vibrating emergency alert
______ Ground level room
______ Emotional Support Animal*please see Section D*
______ Elevator access
______ Live-in assistant
______ Private room (single)
______ Service Animal
______ Approval of restricted appliance (i.e.: air conditioner, microwave, etc.)

If yes, which appliance? __________________________________________________________________
______ Other: _________________________________________________________________________________

Are you currently living in St. Bonaventure University housing that was assigned for the same reason?
______ Yes  ______ No

Are you registered with the Office of Disability Support Services? ______ Yes  ______ No

If you are a continuing student: Have you renewed your request this year? ______Yes  ______ No (if not, why not?)

The Special Housing Needs Form (Section C) must be submitted by your health care provider.

If you are requesting an Emotional Support Animal, please see Section D.

Please note: This request does not guarantee a housing assignment or change in assignment. A final decision on reasonable accommodation(s) will be made in consultation with the Office of Disability Support Services, the Office of Housing & Residential Education and the Center for Student Wellness.
Request for Housing Accommodations
Section C (to be completed by health care provider)

___________________________(student name) has requested housing accommodations from St. Bonaventure University. You are being asked to provide documentation of disability for your client.

To be eligible for services your client must have a disability as defined by Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. These laws define a person with a disability as one who:

1) Has a physical or mental impairment which substantially limits one or more major life activities, or
2) Has a record of such an impairment, or
3) Is regarded as having such impairment.

“Major life activities” are functions such as walking, seeing, hearing, speaking, breathing, learning, caring for one’s self, performing manual tasks, reproduction, and working.

St. Bonaventure University also will make reasonable accommodations to allow equitable use of the residential facilities as outlined by the guidelines of Title VIII of the Civil Rights Act of 1968 (Fair Housing Act), as amended.

Please fill out the form below and attach a letter on your letterhead explaining the rationale for the requested accommodations. In your letter, please address the following:

1) Explain that there is a disability.
   a) Include the date of most recent assessment and the relevant functional limitations caused by the disability.
2) Explain why the requested accommodations are necessary to allow the student equal opportunity to utilize campus housing.
3) Explain the nexus or relationship between the disability and the requested accommodations.

Thank you in advance for your support and cooperation in this request.

Please note: All final decisions on which reasonable accommodations will be granted are made in consultation with appropriate staff members from the Office of Disability Support Services, Office of Residential Education & Housing, and the Center for Student Wellness or other offices as needed on a case-by-case basis.

Health Care Provider Name/Title _____________________________ License/Certification Number: _________________________

Address_____________________________________________________________________________________________________

Phone Number: _________________________________________ Fax Number: __________________________________________

____________________________________________________________________________________________________________

Signature of Provider                                                                                                      Date

Please return completed form and supplemental documentation to:
Disability Support Services  26 Doyle Hall St. Bonaventure, NY 14778  email: aspencer@sbu.edu  fax: (716) 375-2072
Emotional Support Animals

Section D
Policy and Contract

Definition: The Fair Housing Act (FHA) defines an emotional support animal as:

Any animal that provides support, well-being, or companionship that alleviates or mitigates symptoms of the disability; the animal is not individually trained.

The Fair Housing Act recognizes the keeping of an emotional support animal in a dwelling as a reasonable accommodation if:

1.) The person has a disability, and
2.) The animal is necessary to afford the person with a disability an equal opportunity to use and enjoy their dwelling, and
3.) There is an identifiable relationship or nexus between the disability and the support the animal provides.

The FHA has not placed restrictions on the type of animal covered nor does it require training of the animals. Any individual living in University-sponsored housing is eligible to receive accommodations. Any individual who is not living in University-sponsored housing is not permitted to have an emotional support animal on campus.

Responsibilities of the Owner

- The owner is responsible to attend and be in full control of the emotional support animal at all times. The emotional support animal shall have a harness, leash, tether or be transported in an appropriate enclosure whenever it is outside of the residence hall room where it will be housed.
- In shared living spaces, the emotional support animal should be in an appropriate container if the owner is not in the room with the animal.
- The owner is responsible for following all rules related to the restriction of animals from buildings on the campus other than their residence hall.
- The owner is responsible for the costs of care necessary for the emotional support animal’s well-being. The arrangements and responsibilities for the care of an emotional support animal are the sole responsibility of the owner at all times, including regular bathing and grooming, as needed.
- The owner must provide evidence of current clean health certificates, vaccinations (when appropriate) and current New York State dog license (if the animal is a dog).
- The owner is responsible for not leaving the emotional support animal unattended for an unreasonable length of time. Animals must leave campus with the student anytime the student leaves overnight and/or during University breaks.
- The owner is financially responsible for the actions of the approved emotional support animal. These actions include bodily injury, and/or property damage and owners must take precautions to prevent injury and/or property damage. This includes pest treatment caused by the animal. Any damage to University property cause by the emotional support animal or above and beyond normal maintenance cleaning will be charged to the owner’s student account.
Waste cleanup is the sole responsibility of the owner. Emotional support animal waste cleanup should include appropriate waste cleanup equipment and proper disposal of waste in an appropriate container. An appropriate container is an outside receptacle (i.e. dumpsters).

**Removal of Emotional Support Animal**

An emotional support animal can be asked to leave or not allowed to participate on campus if:

1.) The animal is found by the University to be out of control or disruptive and the animal’s owner does not take immediate and effective action to control it.
2.) The animal is not housebroken or kept in a cage where waste can be managed effectively.
3.) The animal is found to be neglected or mistreated and prompt corrective action is not taken.
4.) The animal is ill.
5.) The animal is unreasonably dirty.

*Emotional support animals are not allowed anywhere on campus, outside of the residence hall, where animals are not normally allowed. An emotional support animal may be removed from campus if it is found in any other building on campus, other than the student’s residence hall.*

I understand the above policy and agree to abide by the rules and regulations outlined. I understand that in order for my request to be considered I must provide the following information:

1.) Request for Housing Accommodations (Section A and B)
2.) Documentation from a licensed Health Care Provider (Section C)
3.) A current copy of a New York state dog license (if applicable)
4.) Current (within 1 year) clean health certification and vaccination (when appropriate) records

Signature: ___________________________  Date: ___________________________