

St. Bonaventure University Housing Accommodation Policy

Section 1. Introduction and Background

St. Bonaventure University (SBU) recognizes the importance of providing reasonable accommodations in its housing policies and practices where necessary for individuals with disabilities to use and enjoy University housing. This Policy explains the specific requirements and guidelines which govern requests for reasonable accommodation in University housing. SBU reserves the right to amend this policy at any time as circumstances require.

Section 2. Procedures for Requesting Reasonable Housing Accommodations

The Director of Accessibility Services and Accommodations (ASA) is responsible for evaluating housing accommodation requests. A final decision on reasonable accommodation(s) will be made in consultation with the Office of Accessibility Services and Accommodations, the Office of Housing & Residential Education and the Center for Student Wellness. Individuals with a disability who reside or intend to reside in University housing who believe they need a reasonable accommodation must contact the Office of Accessibility Services and Accommodations.

Requests for reasonable accommodation in University housing policies and practices are governed by the following requirements:

1.) Requesting Housing Accommodation(s)

- An individual with a disability must complete the Housing Accommodation Request Form (p.4) to request a reasonable accommodation. This form can be obtained at the Office of Accessibility Services and Accommodations (within the Student Success Center) or downloaded from my.sbu.edu. If the individual requires assistance in completing the Request Form because of his/her disability, the Office of Accessibility Services and Accommodations will provide assistance in completing the form.

- SBU will accept and consider requests for reasonable accommodation in University housing at any time. The individual making the request for accommodation should complete and provide the Request Form to Office of Accessibility Services and Accommodations based on the following dates:

New students starting in Fall Semester: July 1

New students starting in Spring Semester: November 1

Returning students: March 1*

*Housing accommodation requests must be renewed on a yearly basis.

However, if the request for accommodation is made after the above dates, SBU cannot guarantee that it will be able to meet the individual's accommodation needs during the first semester or term of occupancy.

- If the need for the accommodation arises when an individual already resides in University housing, he/she should contact the Office of Accessibility Services and Accommodations and complete the

Request Form as soon as practicably possible. SBU cannot guarantee that it will be able to meet the accommodation needs during the semester or term in which the request is received.

- Absent exceptional circumstances and upon receiving the documentation requirements outlined below, the University will attempt to provide a written response to a reasonable accommodation request within fifteen (15) business days of receiving the information described above.

2.) Information that May Be Requested for Housing-Related Reasonable Accommodation Requests

The Office of Accessibility Services and Accommodations shall limit its requests for information to only the information necessary to verify whether the individual making the request has a disability and/or to evaluate if the reasonable accommodation is necessary to provide the individual an equal opportunity to use and enjoy University housing.

a. Obvious Disability: If the individual's disability and the necessity for the accommodation are obvious (e.g. an individual with a physical disability using a wheelchair needs an accessible room), the individual need only explain what type of accommodation he/she is requesting. No verification of disability is required under these circumstances.

b. Non-Obvious Disability/Necessity:

- If the disability is obvious but the need for the accommodation is not obvious or the disability is not obvious, the University will require the individual to designate a reliable third party to complete the Housing Accommodation Verification Form (p.5). The designated third party should be someone who can verify that the requested accommodation is necessary to provide the individual an equal opportunity to use and enjoy University housing.
- A reliable third party is someone who is familiar with the individual's disability and the necessity for the requested accommodation. A reliable third-party should be a qualified professional (e.g., doctor, nurse practitioner, psychologist, psychiatrist, etc.). This person is not someone who is related to the student.
- Absent exceptional circumstances, within fifteen (15) business days of receiving the *completed* Housing Accommodation Verification Form from the third-party, the Director of ASA will determine if the accommodation is necessary because of a disability to provide the individual an equal opportunity to use and enjoy University housing.
- If the third-party returns the Housing Accommodation Verification Form without sufficient information for the Director of ASA to determine whether an accommodation is necessary, the Director will inform the individual in writing of the verification's insufficiency and may request additional information, including additional documentation from the student or speaking directly with the individual supplying the third-party verification, within fifteen (15) business days of receiving the verification.
- The individual making the request for accommodation must cooperate with the Director of ASA in a

timely manner in providing all information needed to determine whether the requested accommodation is necessary.

3. Determination of Reasonableness

a. The Director of ASA may deny the requested accommodation if it is unreasonable.

b. An accommodation is unreasonable if it: (1) imposes an undue financial and/or administrative burden; (2) fundamentally alters university housing policies; (3) poses a direct threat to the health and safety of others or would cause substantial property damage to the property of others, including University property; and/or (4) is otherwise unreasonable to the operation of the University.

4. Approval of Accommodation

a. If the Director of ASA determines a requested accommodation is necessary and is not unreasonable, she/he will contact the individual, in writing, within seven (7) business days of its determination to discuss the implementation of the accommodation.

5. Denial of Accommodation/Appeal

a. If the Director of ASA determines a requested accommodation is necessary but unreasonable, she/he will contact the individual, in writing, within seven (7) business days of its determination and engage in an interactive process to determine if there are alternative accommodations that might effectively meet the individual's disability-related needs.

b. If the individual is unwilling to accept any alternative accommodation offered by the Director of ASA or there are no alternative accommodations available, the Director will provide written notification to the individual of the denial, the reasons for the denial, and the right to appeal the decision. The notification will occur within seven (7) business days of the student's stated unwillingness to accept any of the alternative accommodations offered or the determination that there are no alternative accommodations available.

c. Appeals can be submitted via St. Bonaventure University's Grievance Procedure.

6. Confidentiality and Record-keeping

In processing requests for reasonable accommodations, the University will take all steps required by federal, state, and/or local law to protect the confidentiality of any information or documentation disclosed in connection with the requests. The Office of Accessibility Services and Accommodations will securely maintain records related to reasonable accommodation requests including, dates, request forms with supporting documentation, the reason(s) for any denials, communications regarding concerns with the provision or effectiveness of the accommodations, and steps taken to resolve such concerns.

7. Non-retaliation Provision

St. Bonaventure University will not retaliate against any individual because that individual has requested or received a reasonable accommodation in University housing.

Housing Accommodation Request Form

This form should be completed by the student making the accommodation request.

Student Name: _____ SBU ID# _____

Date: _____ Cell phone: _____

To help ensure there is enough information to make a determination, please be as thorough as possible when completing this form.

1. Please identify the disability that necessitates your need for a housing accommodation(s). Explain how the specific symptoms or barriers caused by your disability affect your ability to live in campus housing.

2. Please identify the accommodation(s) you are requesting. Explain how your suggested accommodation(s) will lessen the impact of your specific symptoms/barriers on your ability to live in campus housing.

I authorize St. Bonaventure University to receive information from the provider listed below. I also authorize my provider and the Director of Accessibility Services and Accommodations to discuss my condition(s) with the appropriate university personnel to make a determination of reasonable and necessary accommodations. My signature also indicated that I understand that providing false information would constitute a violation of the St. Bonaventure University Code of Conduct and might result in disciplinary action.

Provider name: _____ Student Name: (print): _____

Provider Phone: _____ Student Signature: _____

Provider Address: _____ Date: _____

Housing Accommodation Verification Form

All sections of this form should be completed by the designated qualified professional.

To help ensure there is enough information to make a determination, please be as thorough as possible when completing this form.

1. Please specify and describe the specific diagnosis(es)/disability including level of severity.

2. Duration of condition:

Permanent

Temporary (specify length of time):

3. Date of Diagnosis:

4. Date of last contact with student:

5. Please check all of the major life functions that are substantially limited because of the stated disability(ies):

Walking

Hearing

Learning

Sleeping

Seeing

Interacting with others

Climbing Stairs

Caring for oneself

Performing manual tasks

Other (please describe):

6. Please explain how each functional limitation and known symptoms will affect your client's ability to live in campus housing.

7. Please suggest reasonable accommodation(s). Explain how your suggested housing accommodation(s) will mitigate the impact of your client's **specific** limitations and symptoms.

8. Please list alternative accommodations that may also meet the need.

9. Additional comments:

HEALTHCARE PROVIDER INFORMATION (to be complete by the treatment professional)

I attest to the accuracy of the information contained in this document. Additionally, I understand that the information provided in this document will become a part of the student's record subject to the Family Educational Rights and Privacy Act (FERPA) of 1974, and may be released to the student upon written request.

Provider Name (PRINT): _____

Title: _____

Address: _____

Phone: _____

Provider Signature: _____

Date: _____

License or Certification #: _____

Please mail completed forms to: Accessibility Services and Accommodations

St. Bonaventure University

PO Box 2479

St. Bonaventure, NY 14778

Email: aspencer@sbu.edu