



Disability Accommodations & Support Services
One University Drive, Arroyo Hall 210
Camarillo, CA 93012
Email: accommodations@csuci.edu
Phone: 805-437-3331
Fax: 805-437-8529

Addendum: Housing Accommodations Request

Student Resident First Name	Middle Initial	Last Name	Date of Birth
-----------------------------	----------------	-----------	---------------

Please check each accommodation requested. Note that for each accommodation selected, the licensed professional must provide specific justification within the documentation listed below.

- Private Bedroom
- ADA Bathroom
- ADA Bedroom
- Private Bathroom
- Private Kitchen
- Personal Assistant Access
- Medical Refrigerator (Student Provided)
- Medically Necessary Bed (Student Provided)
- Medically Necessary Chair (Student Provided)
- Medically Necessary: Other, Please Specify: _____

The documentation must describe the functional limitations associated with the resident's disability and justify how the need for the requested accommodation(s) is necessary. This justification should emphasize the reasoning behind modifying existing rules, policies, or practices to ensure equal access for the resident and enhance their overall experience within university-owned housing.

Please answer the questions below as they pertain to the student's disability and accommodation needs.

- 1) What is the diagnosis(es) or condition(s) that impact the student's physical and/or cognitive function **as it pertains specifically to campus housing?** Please state the specific diagnosis(es).

- 2) What is the evidence supporting the diagnosis(es)? Please provide a copy or PDF of any test results supporting the diagnosis(es) or other information used to reach the diagnosis(es).

3). What is the impact of the condition(s) in the living environment? Does the condition(s) significantly limit any major life activities and what is the severity of any limitations (mild/moderate/severe)? Please explain.

4). What symptoms will be reduced for this individual by having this accommodation(s) in campus housing? Provide the relationship between the functional limitation associated with the applicant's disability and the need for the requested accommodation(s).

5). Is there evidence that the requested housing accommodation(s) have helped this individual in the past or currently?

6). If you recommend a private bedroom for the student, typically, it is in a shared suite where the individual has a private room but shares common areas which can include a living room, kitchen, and shared bathroom. Please describe the functional relationship of how having a private room in a shared suite is required to support this individual's disability-related need.

7) There are limited units reserved for extraordinary circumstances requiring single occupancy living, no roommates permitted. Please provide information about the impact disability has on the living environment and justification for single occupancy.

8). If the student does not receive the accommodation(s) requested, please provide recommendations for alternative accommodation for consideration.

Certifying Professional:

Diagnoses must be within the professional expertise and scope of practice of the certifying professional.

Clinician's Printed Name	Clinician's Signed Name	Date	License #
--------------------------	-------------------------	------	-----------

Title	Phone	Email
-------	-------	-------

Street Address	City	State	Zip
----------------	------	-------	-----