

## HOUSING ACCOMMODATIONS REQUEST PACKET: SUMMER 2021

Dear Student and/or Summer Resident,

Student Accessibility Services (SAS) encourages timeliness with student/resident requests for housing accommodations and strongly recommends that students/residents submit the Housing Accommodation Request Packet (HARP) according to the timeline below:

- Returning graduate and undergraduate students: **March 15, 2021.** *Note: Housing selection begins the first week of April 2021. Please see the Pace housing website for complete details and dates, [www.pace.edu/housing](http://www.pace.edu/housing).*
- Transfer/Visiting Students/Residents: Upon admission and acceptance to the university and completion of summer deposit. *Please see housing website for complete details and dates, [www.pace.edu/housing](http://www.pace.edu/housing).*

Determining accommodations is an interactive process between you (the student), SAS, and other relevant parties (if determined by SAS), and reviewing your request may take at least four to six weeks to process once all materials have been submitted. Your request will not be reviewed until the application, personal statement and documentation have been received by the office. See page two for further details about timelines.

**If you have been previously granted housing accommodations** by Pace University SAS (NYC campus) **do not** complete this packet. Please complete the Housing Accommodation Request Packet: Previously Granted Accommodations (HARP:PGA). It is available for download on the website [www.pace.edu/disability](http://www.pace.edu/disability).

### General Procedure

1. Students/residents requesting housing accommodations must **submit the general application for housing and pay the deposit**, abiding by any deadlines and requirements of Residential Life.
2. Student/resident must complete the **Disability Housing Accommodations Application**, along with a **personal statement**, and return them to SAS.
3. **Medical documentation** must be provided in the form of the *Professional Disability Assessment Questionnaire: Housing* (included in this packet) **or** a letter from a qualified medical professional. The letter must be written on the provider's letterhead, signed and dated, and include the provider's license information, if applicable. **Documentation must demonstrate medical necessity and discuss the relationship of the disability to the accommodation request.**
4. **Transfer/visiting students/residents:** If you are a transfer or visiting student and were granted a housing accommodation at your previous institution, you must submit a letter indicating the granted accommodation from the disability services office at the institution as part of your application.
5. As part of the interactive accommodations process, SAS staff may request to speak with your medical provider for further clarification or questions related to the documentation. You may need to sign a release with your medical provider and/or SAS. SAS will contact you prior to reaching out to the provider.

6. **You must meet with a SAS staff** to review accommodation requests and review associated policies and procedures. All materials need to be submitted to SAS before the meeting. If you cannot meet in person, alternate arrangements can be arranged.
7. **If you are a summer resident traveling from overseas and English is not your first language, a written intake may be submitted as part of the interactive process in lieu of meeting with an SAS staff member.**

### **Academic Accommodations:**

Please note that **the housing accommodations request process is separate from requests for academic accommodations**. Additional documentation is required for academic accommodations requests and will be reviewed separately from requests for housing accommodations. Please contact SAS staff for any questions about this process.

### **Appeal Process:**

If the request is not granted, you will receive an email from SAS with details of why the request was not granted. If you have questions regarding the outcome of your determination, or you would like to review documentation, you may call the office to schedule an appointment with Interim Associate Director, Ashley Sanguinetti- O'Connor, at (212) 346-1526. In this meeting, Ashley will review the committee determination and go over next steps with you, including instruction on submission of a formal appeal to Pace University's Appeals Committee.

If you have any questions, please contact Student Accessibility Services via email ([disability@pace.edu](mailto:disability@pace.edu)); phone (212.346.1526); or by making an appointment (call 212.346.1526).

### **Approval Process:**

Once a resident is approved for a housing accommodation, the Director of Residential Life and Housing, Manager of Conference Services and Manager for Resident Assignments will make every effort to provide you with an immediate room assignment that meets the requirements of your granted accommodations. However, if such a room assignment is not available immediately, you will be notified by a member of the Housing staff and will receive a general room assignment while being placed on a priority waitlist.

## SUMMER HOUSING Disability Housing Accommodations Application

**Instructions:** Please complete this form, in its entirety, with details regarding your request for disability housing accommodations.

Submit this form, along with your personal statement and medical documentation to Student Accessibility Services via scan/email ([disability@pace.edu](mailto:disability@pace.edu)); fax (914.989.8047).

Please be in touch with the Student Accessibility Services if you have any questions.

**Name:** \_\_\_\_\_

**U#:** \_\_\_\_\_

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

**Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Academic Status (circle):**

Undergraduate / Graduate / Transfer/ Visiting Student/  
Conference Housing/ Non-Student Summer Housing ONLY

*If you were not a Pace University student during the 2018-2019 Academic Year and are applying for housing for **Summer 2019 ONLY**, please indicate any programs you may be affiliated with:*

*Affiliated Programs:* \_\_\_\_\_

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**Current room assignment configuration (check all that apply):**

- Double
- Triple
- Suite
- Shared floor bathroom
- Bathroom attached to room
- N/A incoming freshman
- N/A transfer student
- N/A not currently living in university housing

**What is/are your disability(ies)?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Transfer/visiting students only:** Did you have housing accommodations at your previous institution? If so, please indicate granted accommodations. A letter from the disability services office at your previous institution must be submitted in addition to this application and medical documentation.

Previous Institution: \_\_\_\_\_

Years Attended: \_\_\_\_\_

Granted Housing Accommodations: \_\_\_\_\_

\_\_\_\_\_

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**What housing accommodations are you requesting (check all that apply)? Note: All residence halls have community kitchens available for student use.**

- Single Room
- Wheelchair Accessible Bathroom
- Semi-private Bathroom
- Private Bathroom
- No carpet
- Placement on floor no higher than: \_\_\_\_\_
- Other Accommodation Request: \_\_\_\_\_
- Other Accommodation Request: \_\_\_\_\_

**Personal Statement:**

As part of the request process for housing accommodations, you must submit a personal statement. The statement should be typed and be a paragraph to no more than two pages in length. Personal statements that do not provide sufficient information about your request may be returned to you for revision.

The personal statement should include:

- Why you are requesting housing accommodations.
- A description of your disabilities.
- A synopsis about how your disability affects academic functioning.
- A description about how the requested housing accommodation(s) will mitigate your disability.
- A brief history regarding your disability, interventions you may have tried prior to requesting accommodations or other information you feel is pertinent to your request.
- Explain the link between your disability and the requested accommodation(s).
- Explain how your housing placement for the 2016-2017 academic year did not meet your needs and how it impacted your academic functioning.

**Student/Resident Signature:** \_\_\_\_\_

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



Student Accessibility Services

STUDENT ACCESSIBILITY SERVICES
NEW YORK CITY CAMPUS
156 WILLIAM STREET, 8TH FLOOR
NEW YORK, NY 10038
disability@pace.edu
PHONE: (212) 346-1526
www.pace.edu/disability

Professional Disability Assessment Questionnaire: Housing Accommodations Request

Please complete form and return to Student Accessibility Services via fax or email to disability@pace.edu. Please provide SAS as much as detail as possible about the student's need for housing accommodations and how it relates to his or her academic functioning.

Patient's Name: Date:

Patient's Telephone #:

Professional's name: State of Licensure and License #:

Medical or other specialty: Degree:

Address 1: Telephone #

Address 2: Fax #

Date of initial contact with patient:

Dates of Treatment:

Diagnosis: Diagnostic Code:

Diagnosis: Diagnostic Code:

Diagnosis: Diagnostic Code:

Diagnosis: Diagnostic Code:

Severity (please evaluate on a scale of 1-10):

(Mild) 1 2 3 4 5 6 7 8 9 10 (Severe)

**Current level of functioning and degree of impairment:**

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**Interventions:**

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**Medications and dosages:**

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**Side effects experienced by patient:**

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**Prognosis:**

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**Suggested accommodations based on difficulties imposed by the disability:**

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**Limitations imposed by the disability in an academic setting and how the suggested housing accommodations would mitigate these limitations (please be as specific as possible):**

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**Rationale for the necessity of the housing accommodation based upon the disability (please be as detailed as possible):**

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**Prior interventions/strategies utilized in the past to address issues related to housing accommodations:**

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**Outcome of those interventions:**

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**Other information which may be useful in determining a reasonable housing accommodation:**

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**Signature (verifying that you are not related to the student by blood or marriage):**

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**Date:**

**Thank you very much for your time and assistance. If you have any comments, questions, or concerns, please contact:**

**Student Accessibility Services  
Pace University  
156 William Street, 8<sup>th</sup> Floor, New York, NY 10038  
(212) 346-1526  
[disability@pace.edu](mailto:disability@pace.edu)**

