

## Addendum: Housing

**This is an addition to the General Provider Form; BOTH FORMS ARE REQUIRED \***

Student name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

1. Please share the diagnosis related to this housing request.
  
2. Nature of housing request (choose all that apply):  Medical     Mental Health     Dietary
  
3. Describe **in detail** how each of the student's current functional limitations will impact their ability to live in a campus residential environment.
  
  
  
  
  
  
  
4. Given these limitations, what accommodations would you consider to be medically necessary for this student in a living environment?
  - a. What are some potential alternatives if your primary recommendation is not feasible or possible?
  
  
  
  
  
  
  
5. How long will the requested accommodation(s) be necessary?

<input type="checkbox"/> For one semester	<input type="checkbox"/> For up to 6 months
<input type="checkbox"/> For up to 12 months	<input type="checkbox"/> For the duration of the student's time at the university
<input type="checkbox"/> Duration unknown	<input type="checkbox"/> Other: _____
  
6. Does the student's disability result in significant flare-ups?  Yes  No
  - a. If yes, please describe those flare-ups.
  
  
  
  - b. How often/frequently does the student experience flare-ups?  Periodic/Seasonal     Monthly     Weekly     Daily
  - c. How long do flare-ups last?
  
  
  - d. Describe the level to which the student is able to reside in a residential environment during a flare-up.
  
  
  
  
  
  
  
7. Please share any additional information you believe will be helpful.

Provider Name \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Please return the completed form to SAS via email ([sas@wm.edu](mailto:sas@wm.edu)) or fax (757-221-2538) or return to the student for their submission. Thank you for your assistance with this process.**