

REQUEST FOR INFORMATION  
Healthcare Provider/Mental Health Provider Documentation  
Medical & Mental Health Housing Accommodation

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

The above-named student has indicated that you are the (physician, nurse practitioner, physician's assistant, psychiatrist, and/or mental health worker) who is able to provide information regarding the student's report of a disability which makes a housing/dietary accommodation medically necessary to help in alleviating one or more of the identified symptoms or effects of the student's disability.

Documentation will be accepted from any provider with whom the student has an established treatment relationship.

So that we may better evaluate the request for this housing accommodation, please answer the following questions in detail:(Please attach additional pages as necessary.)

**Information about the Student's Disability**

**A person with a disability is defined as someone who has "a physical or mental impairment that substantially limits one or more major life activities."**

What is the student's physical or mental health diagnosis for which an accommodation is being requested?

What is your treatment relationship with the student (length of time under your care, frequency of follow up for the stated condition for which an accommodation is being sought)?

What is the nature of the student's physical or mental health impairment (that is, how is the student substantially limited/impacted)?

Describe the student's current treatment plan (reference any labs/procedures that have been completed, medication(s), dietary needs, mental health services, ongoing therapeutic care or alternative therapies).

What housing accommodation is needed by the student in order to address the impairment caused by the student's disability?

What symptoms will be reduced with the proposed housing accommodation?

What consequences, in terms of disability symptomatology, may result if the accommodation is not approved?

What are the possible disadvantages of the accommodation and have these been discussed with the student?

Thank you for taking the time to complete this form. If we need additional information, we may contact you at a later date. We recognize that having a Housing Accommodation can be a real benefit for someone with a significant physical or mental health disorder, but the practical limitations of our housing arrangements make it necessary to carefully consider each request. Your input will help us to consider the student's needs and to offer an accommodation that addresses those needs.

Please provide your contact information, sign and date this form (below), and return it to the student to be uploaded with their accommodation request (preferred)

OR submit to:

Perrella Health Center  
Hartwick College  
1 Hartwick Drive  
Oneonta, NY 13820  
Email: [healthcenter@hartwick.edu](mailto:healthcenter@hartwick.edu)  
Fax: 607-431-4124

Provider Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

FAX and/or Email address: \_\_\_\_\_

Professional Signature: \_\_\_\_\_

License #: \_\_\_\_\_

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