

**Disability Verification Form - Housing**

**Accessible Housing** University of Waterloo, 200 University Avenue West, Waterloo, ON N2L 3G1

P. 519.888.4567 ext. 37909; F. 519.746.2401 | Email: [accessiblehousing@uwaterloo.ca](mailto:accessiblehousing@uwaterloo.ca)

**This section is to be completed and signed by the student**

**Protection of Privacy:** All documentation submitted is kept strictly confidential and may be shared with Waterloo residences for placement purposes only. In accordance with Section 39(2) of the Freedom of Information and Protection of Privacy Act, 1990 (“FIPPA”), the information on this form is collected under the authority of the University of Waterloo (UW) for the purpose of determining a need for accommodation with student housing. The information on this form will be reviewed by AccessAbility Services (AAS), who will determine a need for accommodation with student housing. All personal information collected will be used, stored, and destroyed in accordance with UW’s Information Protection and Access Policy. If you have questions about the collection, use and disclosure of this information by UWaterloo please contact Waterloo Residences at 519.888.4567 ext. 37909 or by e-mail: [accessiblehousing@uwaterloo.ca](mailto:accessiblehousing@uwaterloo.ca)

Other campus units (like Campus Police, Fire Safety or Waterloo Residences) may be notified if the health condition warrants special evacuation procedures while living in residence. Students with disabilities are strongly encouraged to register with AAS before the school year. If you provide AAS with information that would be helpful in your residence room assignment, please provide AAS with permission to share this pertinent information with Waterloo Residences. AAS may also be able to provide you with information about other disability related services that may be of assistance to you at UW.

Final room assignments are determined by the Waterloo Residences according to the level of functional limitation, in conjunction with an appraisal of the residence options available to accommodate the need. Please note that submission of the Housing Disability Verification form does not guarantee a spot in residence.

<b>Please Print:</b>	
Student’s Name:	
Date of Birth (DD/MM/YYYY):	
Gender (select one):	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Self- identity:
Student Number:	
Faculty:	
Upcoming Year of Study:	Undergraduate: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Graduate: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Address:	
Phone Number (Home/Cell) :	
U Waterloo E- address:	<b>@uwaterloo.ca</b>
Alternate E-mail:	

Are you currently residing in a UW residence? Yes  No ; if yes please select one of the following:  
 Renison  St. Jerome’s  St. Paul’s  Waterloo Residences



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### Registered Health Professional

Dear Professional,

The student named below has requested housing accommodations to support their disability while enrolled at the University of Waterloo (UW). AccessAbility Services (AAS) will use this information to determine whether this student has a condition or combination of conditions that constitute a disability, and whether the disability causes limitations for which the student needs reasonable accommodation(s). Information gathered by AAS will be reviewed and used to assist in 1) understanding how the disability impacts the student in the residence halls; 2) the current impact of the condition(s) as it relates to the housing; and 3) determining eligibility for reasonable housing accommodations

Documentation and all relevant information must be completed **by a registered health practitioner qualified to diagnose**. The student is required to provide the university with information that is 1) based on a current, thorough and appropriate assessment\*; and 2) supportive of the accommodations being considered or requested.

All relevant sections must be completed carefully and objectively to ensure accurate assessment of the student's disability-related needs, which may include access to support services, and student housing accommodations while attending post-secondary school. The provision of all reasonable accommodations and services is assessed based on the current impact of the disability on living in student housing. **Please note, a diagnosis alone does not automatically mean accommodation is required or will be provided.**

Our office suggests that the professional completing this form have first-hand knowledge of the student's condition, experience in working with students with the stated condition(s), and a familiarity with the demands experienced by students in an academic setting. Disability documentation submitted to AAS is confidential and is retained in accordance with pertinent provincial and federal regulations.

#### Single Room Accommodations:

**Requests for a single room as an accommodation based solely on a desire to have a "quiet, undisturbed place to study" or as a need for a "reduced distraction environment" will not be granted.** *By virtue of the shared facilities, resources, and number of people living under one roof, it is unrealistic to assume that a private room would provide for such quiet, distraction-free space to any appreciable degree beyond living in a standard double room.*

**Note:** *Documentation completed by a relative of the student will not be accepted due to professional and ethical considerations even when the relative is otherwise qualified to do so. \*Supporting documentation should be no more than six months old unless the condition is one that does not change over time. All documentation will be evaluated on a case-by-case basis.*

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## Part 1: Confirmation of a Condition

1. **What is the diagnosis and resulting disability that impact the student’s overall function?** Provide the specific diagnosis. *Terms such as “suggest” or “is indicative of” will not be accepted.*

2. **Evidence supporting the diagnosis required.** Please provide a copy of any test results supporting the diagnosis (i.e. audiogram/vision report, medical and/or developmental evaluation, etc.) or other information used to reach the diagnosis.

3. **How does the living environment impact the student’s disability condition? Please explain.** (E.g. Student with a broken leg is required to climb one flight of stairs to access their apartment as no elevator is available. Impact = increased energy to walk up stairs, increased risk of falls.)

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4. Is there any other information you would like to add regarding functional limitations that might be helpful to us in working with this student?

### Part 2: Confirmation of the Disability

The following criterion must be met for the determination of a disability: The student experiences functional limitations due to a diagnosed condition that restricts and/or impairs the student’s ability to perform daily activities necessary to access and participate in residence life and post-secondary studies. Please confirm by selecting a statement below

- I confirm that this student has a disability based on a diagnosed condition according to the criterion outlined above.
  - I confirm that I am in the process of monitoring and assessing the student’s condition to determine a diagnosis and this assessment is likely to be completed by \_\_\_\_\_  
(DD/MM/YYYY)
- 

### Part 3: Nature of the Disability

**Permanent Disability**

This student has a permanent disability with symptoms that are continuous, recurrent or episodic.

**Temporary Disability**

This student has a temporary disability with symptoms that are continuous, recurrent or episodic.

Accommodations to be provided from \_\_\_\_\_ to \_\_\_\_\_\*\*  
(DD/MM/YYYY) (DD/MM/YYYY)

**Suspected Disability**

This student is being assessed to determine a diagnosis.

Assessment of condition to be completed on or before \_\_\_\_\_  
(DD/MM/YYYY)

Accommodations to be provided from \_\_\_\_\_ to \_\_\_\_\_\*\*  
(DD/MM/YYYY) (DD/MM/YYYY)

\*\*Updated documentation will be required by AAS to continue providing housing accommodation after the date specified above).

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## CERTIFICATE OF REGULATED HEALTH CARE PROFESSIONAL

Documentation completed by a relative of the student will not be accepted due to professional and ethical considerations even when the relative is otherwise qualified to do so. The provider signing this form must be the same person answering the questions on the form above.

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<p><i>My signature verifies that I am the treating professional and that the contents are accurate</i></p> <p><i>I confirm that I am not a relative of the student</i></p>	<p style="text-align: center;"><u>Please place physician/healthcare professional's stamped contact information here</u></p>
Practitioner's Name:	
Practitioner's Signature:	
Practitioner's License Number:	
Date Completed (DD/MM/YYYY):	

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### Student Consent

I give consent for the University of Waterloo AAS to contact my regulated health care professional to discuss the information provided in this document if necessary to clarify the information provided regarding functional limitations or if there are questions about complex accommodation. I give AAS permission to share this information with Waterloo Residences for the purposes of assessing need and accommodations.

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I understand that filling in the form does not guarantee me a place in residence.

Student's Signature:	
Date Completed (DD/MM/YYYY):	

**\*\*Note to student:** If you have other relevant documentation, you may include copies of it with this registration package. These additional documents are not intended to replace the housing disability verification form. Please note - additional documentation may be requested.

Student's informed authorization for disclosure of information is obtained in accordance with the following sections of the Freedom of Information and Protection of Privacy Act. Sections 41.(1)(a), 41.(1)(b), and 41.(1)(c) allowing for the use of personal information and sections 42.(1)(b), -s.42(1)(c), and s.42(1)(d) allowing for the disclosure of personal information.

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Return complete form to the University of Waterloo - AccessAbility Services - 1401 Needles Hall or fax this form to: 519.746.2401

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