

Accessible Housing Application

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

Guidelines for Student and Registered Health Professional

Overview: The student named in Section A of this form has requested Accessible Housing supports to accommodate their disability condition while enrolled at the University of Waterloo (UW). Campus Housing and AccessAbility Services (AAS) will use this information to verify that the student has functional limitations that constitute a disability requiring reasonable Accessible Housing support(s).

AccessAbility Services (AAS) and Campus Housing requests verification of a disability for the purpose of establishing disability status, understanding how the disability may impact a student, and supply adequate information on the functional impact of the disability on activities of daily living so that effective reasonable Accessible Housing support(s) can be identified.

All information gathered by AAS will be reviewed to determine eligibility for reasonable Accessible Housing supports. Reasonable supports are individually determined and are based on the functional impact of the condition and how it is likely to interact with the demands of the residence environment. As such, accommodation eligibility may vary from individual to individual, even among those with the “same” disability diagnosis. Information/reports submitted to this office which verify disability status will be secured in a confidential manner in accordance with all pertinent provincial and federal regulations.

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

Other campus units (e.g. Campus Police, Fire Safety or Campus Housing) may be notified if the health condition warrants special evacuation procedures while living in residence. Students with disabilities are strongly encouraged to apply for Accessible Housing supports *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 Campus Housing. AAS may also be able to provide you with information about other disability related services that may be of assistance to you at UW.

Registered Health Professional: Documentation and all relevant information must be completed **by a registered health professional qualified to diagnose**. The student is required to provide the University with information that is based on a current, thorough and appropriate assessment.*

All relevant sections must be completed objectively. The provision of all Accessible Housing supports 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 registered health 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.

Single Room Accommodations:

Requests for a single room as an Accessible Housing support 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,*

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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.*

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 accessible housing supports with Waterloo Residences. 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 Campus Housing at 519.888.4567 ext. 37909 or by e-mail: accessiblehousing@uwaterloo.ca

Section A: To be completed by Student

Section B: To be completed by Registered Health Professional

Submit application pages 3 through 5 to Campus Housing

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Section A: To be completed by Student

Student Background (please print)	
Student's Last Name:	
Student's First Name:	
Date of Birth (DD/MM/YYYY):	
UW Student Number:	
Phone Number (Home/Cell)	
U Waterloo E-address:	
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
Are you currently residing in a UW residence?	Yes <input type="checkbox"/> No <input type="checkbox"/> ; if yes please select one of the following: <input type="checkbox"/> Renison <input type="checkbox"/> St. Jerome's <input type="checkbox"/> St. Paul's <input type="checkbox"/> Campus Housing

Student Informed Consent and Authorization for the Purpose of Accessible Housing Supports	
Completion of all sections listed below is voluntary. Students may also withdraw consent pertaining to any of the below at any time during admission to Campus Housing/AAS. NOTE: Should you elect not to provide your consent, you may forfeit your access to services you require during your admission to UW.	
Authorization to My Registered Health Professional to Complete this Form	<input type="checkbox"/> YES or <input type="checkbox"/> NO
I authorize the registered health professional named in this form to complete the Accessible Housing – Disability Verification Form and disclose information concerning myself to Campus Housing/AAS at the University of Waterloo.	
AAS & Contact With My Registered Health Professional	<input type="checkbox"/> YES or <input type="checkbox"/> NO
I give consent for AAS to contact my registered health professional to discuss information provided in this document if necessary to 1) clarify information regarding my functional limitations and/or; 2) obtain information necessary for provision of accessible housing supports at the University of Waterloo.	
Accessible Housing Supports & Accommodation Planning	
I understand that the information provided will be used in part to establish an accessible housing support and accommodation plan to support my activities of daily living while residing at the university.	<input type="checkbox"/> YES or <input type="checkbox"/> NO
I understand that AAS will need to communicate with Campus Housing to facilitate my accessible housing support and accommodation plan.	<input type="checkbox"/> YES or <input type="checkbox"/> NO
I understand that following a reported change in my condition AAS & Campus Housing has the right to request updated verification of my disability needs at any time during my admission at the university.	<input type="checkbox"/> YES or <input type="checkbox"/> NO
I understand information provided in this form, including any medical diagnosis(es), is kept strictly confidential. It is not shared with anyone outside of AAS, including with other university departments, without the expressed and written consent and/or direction of the student.	<input type="checkbox"/> YES or <input type="checkbox"/> NO
If this form identifies a food or environmental allergy , I give my expressed and written consent for AAS to identify the specific allergy to Campus Housing for the purpose of establishing appropriate accessible housing supports.	<input type="checkbox"/> YES or <input type="checkbox"/> NO
Student Certification	
By signing this form, I certify that the information I have provided is true. Misrepresentation of facts in connection with this form may be sufficient cause, in and of itself, for cancellation of services when discovered.	
Student's Signature:	Date Completed (DD/MM/YYYY):

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Section B: To be completed by Registered Health Professional

Part 1: Disability Description and Functional Limitations

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.* 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.

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What are the functional limitations and severity level of the disability condition on the student’s overall functioning in a living environment?

Symptom & Severity:
Functional Limitation:
Symptom & Severity:
Functional Limitation:
Symptom & Severity:
Functional Limitation:

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Address the current impact of the disability on the student’s ability to complete activities of daily living required to live in student housing. How does the living environment impact the student’s disability condition and participation in activities of daily living? Please explain.

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Part 2: Disability Certification

This certification to be completed by a registered health professional who is qualified to diagnose and certify the student's disability and status.

Statement of Disability	
Careful consideration should be given to the statement of disability with respect to severity, impact and duration; because the designation of permanent disability has legal implications and can impact the student's eligibility for support. Permanent disability is defined as a functional limitation due to the disorder that restricts the student's ability to perform daily activities necessary to participate in post-secondary studies and; that is expected to remain with the student for the student's expected life.	
In your professional opinion, does the student's presenting condition constitute a disability? <input type="checkbox"/> YES or <input type="checkbox"/> NO	
Please select the appropriate descriptions as they apply to the student's condition:	
<input type="checkbox"/> Permanent disability - with episodic/recurrent and/or chronic continuous/ongoing symptoms. Student has had symptoms for 12 months or more (+ 365 days).	
<input type="checkbox"/> Temporary disability - Non pervasive condition where the individual is expected to recover. Student has had symptoms for less than 12 months (< 365 days) and needs short term support.	
<input type="checkbox"/> In Assessment - Student's condition currently being assessed and monitored to determine a diagnosis and statement of disability. Assessment and report to be completed by _____*	
• Student to submit report for review (DD/MM/YYYY)	
<input type="checkbox"/> Non-disabling condition in the current academic setting	
Does the nature and severity of the student's disability limit participation in:	
Activities of daily living? <input type="checkbox"/> YES or <input type="checkbox"/> NO	The academic environment? <input type="checkbox"/> YES or <input type="checkbox"/> NO
Will an accessible housing support and accommodation plan be required for the complete duration of the academic program to mitigate symptoms of the condition? <input type="checkbox"/> YES or <input type="checkbox"/> NO (If no, please provide a duration: _____)	

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Certificate of Registered Health Professional (please print)	
I certify with my signature below that, in my professional opinion, the student named in Section A requires an Accessible Housing support and accommodation plan while attending the University of Waterloo. 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 professional signing this form must be the same person answering the questions on the form above.	
Practitioner Name (Please print):	Name of Practice/Clinic/Hospital:
Practitioner Signature:	Address:
Practitioner License/Registration #:	Phone # (include area code):
Date (DD/MM/YYYY):	Fax # (include area code):
<u>affix card here or office stamp</u>	