



Disability Documentation Form for Accommodation in UMPI Housing

For the purpose of determining my eligibility for educational and/or other accommodations at the University of Maine at Presque Isle, I realize that I need to sign a release form provided by my health care provider. The health care provider will then complete the rest of this form and return it to Student Support Services at UM-Presque Isle at the above address.

Student's Printed Name _____ Date _____

Student's Signature _____

Parent's signature if student is under 18 _____ Date _____

The following questionnaire must be completed by a qualified medical or psychological provider with expertise in the area of concern and returned directly to Student Support Services.

Note: Incomplete documentation will result in the necessity of further communication with the medical provider.

Requests for housing accommodations require documentation of a disabling condition and substantiated limitations in function or performance. The disabling condition must significantly restrict the student's access to our standard campus housing environment unless reasonable accommodations are provided. Approval of requests is determined on a case-by-case basis. Please answer the following questions with as much detail as possible.

I. Presenting diagnosis of individual's medical or psychological condition (please indicate primary, secondary, etc. and significant findings especially relevant to the presenting problems):

II. Diagnostic code (ICD or DSM-IV): _____

Level of severity, please circle (mild) 1 2 3 4 5 6 7 8 9 10 (severe)

Date of diagnosis: _____ Date of last visit: _____

III. Is this condition temporary or permanent? If temporary, please indicate longevity.

IV. Has medication been prescribed, and if so, does the condition continue to affect the student's functioning in some way? Explain. _____

V. Please discuss the current, substantial, disability-based limitations and how they relate to the residence hall environment.

VI. Please state specific recommendations regarding the accommodation(s) the student requires in relation to campus housing and why such accommodation is warranted based on the disability.

VII. Medical Single: Frequently, a student will request a room because of a medical condition. The Documentation of Need and the severity of the condition may warrant prioritization for a single room but does not rise to the level of a "medical single." The term "medical single" applies to cases where the student would be unable to participate in campus housing if he/she did not receive approval for a single room.

Does the student's condition rise to the level that he/she would be incapable of residing on campus without a "medical single"? Yes _____ NO _____

If yes, what medical evidence or symptomology supports this determination?

PRINT: Name, Title, and Credentials: _____

License Number: _____

Address: _____

City: _____ State: _____ Zip _____

Phone: _____ Fax: _____

Signature: _____ Date _____

Please return this form to the address at the top of this form.

Updated July 2019