

**Confidential**

**Housing Services Accommodation Documentation Form**

All students must complete the Housing Services Accessibility Accommodation Request, regardless of whether or not you are uploading this or other documents as supporting documentation.

Please review the instructions provided on our website to determine whether or not this form is required. The Housing Services Accessibility Accommodation Request and supporting documentation (if required) must be submitted no later than 8 weeks prior to your intended move in date. Submissions received after that point will be prioritized and accommodated as we are able.

**Students with Mobility Issues:** We will contact students with mobility issues to set up a visit to campus in May or June to review residence options and prepare for any retrofits required.

**Students with Dietary Restrictions:** This form is only necessary if you believe you may require an exemption from the meal plan based on your restrictions. Students who select this option will be referred to our Registered Dietitian for assessment. If a student has a dietary restriction that requires an exemption from the mandatory meal plan then that student will be assigned to a townhouse style residence which has cooking facilities available. There is no cooking permitted in any other residences.

Please complete this form in its entirety. An incomplete form will not be considered. All information is treated as confidential.

**Section One: Student Information** *(to be completed by the student)*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Brock Email: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

**I require accommodation in the residence environment in regard to the following (please describe – NOTE: You are not required to provide a formal diagnosis, however, you may do so if you feel it will support our ability to accommodate your needs appropriately):**

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I hereby authorize my physician or appropriate attesting professional to provide the following information to Brock University relating to my request for residence accommodation. I hereby attest that all information on this form and any accompanying documents are accurate and true, and sufficiently describe my needs related to living in residence. I further understand that although every effort will be made to reasonably accommodate students, all residence decisions are subject to review and placement decisions will be based on verified need and availability.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that in order to properly consider this request, Housing Services may, on an as needs to know basis, in confidence, share the information in this form and/or consult with the Student Wellness and Accessibility Centre as appropriate.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section Two: Description of Limitations** *(to be completed by a Physician or Attesting Professional)*

The following professional may complete this section to support your request for special consideration for residence assignment only if they are directly treating, counselling or associated with your circumstances. The following professional may be a medical doctor, licensed counsellor or member of Brock's Student Wellness and Accessibility Centre (if they have your information on file). A separate attached document from the professional is also acceptable in lieu of completing Section Three, if it clearly specifies and supports your requirements.

Please describe the specific nature of the limitations/impairments of this student as it pertains to the residential living environment:

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<b>1 = Within Functional Limits or Not Applicable</b>	<b>2 = Mild Functional Impact or Slight Limitation</b>	<b>3 = Moderate Functional Impact</b>	<b>4 = Severe Functional Impact or Activity Restriction</b>	<b>U = Unknown/Unable to comment</b>
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Task	Degree of Impact	Additional Information (If needed)
Ambulate/mobilize (up to 1 km)	1 2 3 4 U	
Push/pull, reach, bend, lift, carry materials (e.g. cafeteria plate, utensils)	1 2 3 4 U	
Manipulate small objects in hands (e.g. keys)	1 2 3 4 U	

Task	Degree of Impact	Additional Information (If needed)
Ability to perform self-care (e.g. showering)	1 2 3 4 U	
Use of the washroom (frequency or duration)	1 2 3 4 U	
Understand verbal and nonverbal social cues	1 2 3 4 U	
Adapt to changes (e.g. new roommates)	1 2 3 4 U	
Regulate emotions	1 2 3 4 U	
Demonstrate insight into areas of difficulty and seek appropriate resources	1 2 3 4 U	
See written material in regular size	1 2 3 4 U	
Tolerate bright or florescent lighting	1 2 3 4 U	
Tolerate loud or repetitive noises in the environment	1 2 3 4 U	
Participate in verbal conversation (hearing and/or speech)	1 2 3 4 U	
Process sensory information in the environment	1 2 3 4 U	
Ability to fall asleep	1 2 3 4 U	
Ability to stay asleep	1 2 3 4 U	
Ability to consume a variety of foods	1 2 3 4 U	
Vision (best corrected)	1 2 3 4 U	
Hearing (best corrected)	1 2 3 4 U	
Other:	1 2 3 4 U	
Other:	1 2 3 4 U	

Please select/indicate below your recommendations related to the accommodation needs of this student:

Low ratio washroom (1 or 2 other users)

Main floor/elevator accessible

Daily access to a kitchen

Attendant care

Other: \_\_\_\_\_

Private bedroom (please review information on next page and provide supporting rationale)

Meal plan exemption

Physically accessible accommodations

Other: \_\_\_\_\_

**Private room accommodations:** Requests for a private room as an accommodation based solely on a desire or need for a quiet or reduced distraction environment will not be granted. Residence is a high density living environment with shared facilities and resources. A private room would not be guaranteed to provide for such a space to any appreciable degree beyond living in a standard double room.

Please elaborate on the above requirements as needed:

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**Attesting Professional's Information**

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

Position/Title: \_\_\_\_\_

Organization/Office: \_\_\_\_\_

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

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

**Office Stamp**



I hereby attest that I am familiar with the student in question and their specific needs and by completing this form have recommended physical requirements for residence that best fits their needs.

Attesting Professional's signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Brock University | Housing Services**

Niagara Region | 1812 Sir Isaac Brock Way | St. Catharines, ON | L2S 3A1  
T 905 688 5550 x3370 | F 905 688 0797  
brocku.ca/housing