



2017-2018 REQUEST FORM

Residence Admissions
Division of Housing & Ancillary Services

for Students with Disabilities or Those Requiring Priority Consideration for Residence Placement

At Western, we will do our best to accommodate your needs. However, not every student who requests an accommodation will be granted an accommodation. Some students may find that Residential Life cannot adequately meet their housing needs and may pursue alternate accommodations off campus.

Western's Housing Office will consider requests for special room arrangements on the following grounds: Cultural or Religious Reasons; Sexual and/or Gender Identity; Disability and Health Conditions. We require specific information in order to evaluate how we can best meet your accommodation needs. Please complete Part A of the form below. A recognized professional (i.e. doctor/health care practitioner, etc.), who is familiar with your needs and can substantiate your request, must complete the appropriate questions in Part B, including the professional information section at the end. Health-related requests that are not completed in full, will not be considered. Accommodations based on sexual and/or gender identity or religious observances are not required to complete Part B.

Please send the completed documentation to the **Residence Admissions Office**, room 3C10, Ontario Hall or fax it to 519-661-3687 by the deadline date specified below. Final room assignments are determined by the Division of Housing and Ancillary Services according to the level of need, in conjunction with an appraisal of the residence options available to accommodate the need. Any request for accommodations that does not follow the process as outlined in the Residence Room Assignment section on our website at <http://residenceatwestern.ca/assignment.cfm> will not be considered.

Note: All documentation submitted is kept strictly confidential and may be shared with the Services for Students with Disabilities (SSD) for placement purposes only and/or Hospitality Services in the case of a special dietary need. Other campus units (like Campus Police, Fire Safety, or Residence Life) may be notified if the health condition warrants special evacuation procedures while living in residence. Students with disabilities are strongly encouraged to register with SSD (<http://www.sdc.uwo.ca/ssd/>) before the school year. If you provide SSD with information that would be helpful in your residence room assignment, please provide SSD with permission to share this pertinent information with Residence Admissions; otherwise, we will not know. SSD may also be able to provide you with information about other disability-related services that may be of assistance to you at Western.

Requests to Consider Dietary Needs

All of our residences can accommodate the needs of students with common food or environmental allergies. Students who identify their dietary needs as a factor to be considered in their assignment process may be assigned to one of our largest residences where the menu options are the most extensive, thereby best meeting their dietary concerns. Students with severe food allergies are strongly advised to contact Hospitality Services either prior to arriving (preferred) or upon arrival. (azok@housing.uwo.ca)

ACCOMMODATION REQUEST DEADLINE DATES

First-Year Students: **June 5, 2017**

Upper-Year Students: **March 31, 2017**

Requests received after these dates will be considered on a priority basis only if space is available.

We are unable to accommodate first-year requests received after June 5, 2017.

INFORMATION PROVIDED ON THIS FORM IS CONFIDENTIAL

PART A – TO BE COMPLETED BY STUDENT

PLEASE PRINT

Student: _____
(last name) (first name) (middle name)

Western ID #: _____ Faculty: _____

Birthdate: _____ Upcoming Year of Study: 1 2 3 4 G
(yyyy / mm / dd)

Gender: Male Female Self Identify: _____

Current Address: _____
(street) (city)

(province) (postal code)

Telephone: _____ E-mail: _____

PLEASE COMPLETE THE FOLLOWING QUESTIONS, AS APPLICABLE

1) What type of room accommodation are you requesting (building style, single room, no carpet, long bed, semi-private washroom, etc.)?

2) Is this request based on a health limitation, medical condition, or physical challenge? No Yes

If "no", then please explain:

3) Are you intending to bring any assistive devices, equipment or service animal (i.e. guide dog)? No Yes

If yes, then please provide specifics:

Service animals are permitted in University housing in compliance with Provincial and Federal accessibility laws and you may be asked questions about your service animal. You will be asked to provide supporting documentation from a Veterinarian to prove the animal is in good health and is up-to-date on vaccinations. Further, you will be asked to sign a contract indicating that you take full responsibility for the care and wellbeing of the animal and any impact that it has on the residence community. You will be responsible for any costs associated with damages or cleaning as a result of the animal, e.g. steam cleaning.

4) Please describe your care plan once you arrive at Western University.

AUTHORIZATION:

I hereby give authorization for you to discuss my circumstances requiring specific residence placement with the recognized professional named in **Part B** of this form. I also authorize the professional to discuss my condition(s) with you if additional information is required.

I have read, understand, and agree to the special needs terms and conditions as outlined on the website at <http://www.residenceatwestern.ca/spneeds.cfm>.

Student's Signature _____ Date: _____

PART B -- SUPPORTING DOCUMENTATION

A request for accommodation must be accompanied by documentation that supports the request. This part must be completed by an accredited medical health care provider, who is NOT a friend or relative of the student.

Student's Name: _____

Western Student ID #: _____

1) Please indicate specific attributes of housing required by this student.

2) What is the care plan for this student after they have relocated to Western University in London, Ontario, Canada?

*** TO BE COMPLETED BY A RECOGNIZED PROFESSIONAL ***

PLEASE PRINT

Name of Professional: _____ Title: _____

Address: _____

Telephone: _____ E-mail: _____

Can we contact you directly should additional information be required? Yes No

Signature: _____

Date: _____