Many offices on campus work collaboratively with the Office of Residence Life in order to provide housing accommodations to qualified students with disabilities. By federal law, a person with a disability is any person who: has a physical or mental impairment; has a record of such impairment; or is regarded as having such an impairment, which substantially limits one or more major life activities, such as self-care, walking, seeing, hearing, speaking, breathing, or learning.

Reasonable accommodations depend upon the nature and degree of severity of the documented disability. While the Americans with Disabilities Act of 1990 requires that consideration be given to the specific methods requested by the student, it does not imply that a particular accommodation must be granted if it is deemed not reasonable and other options are available. To this end, a limited number of suites/rooms in Dammann, Tenney, and Founder’s Hall have been set aside for full-time undergraduate students with documented medical needs.

Students applying for a medical placement must submit a completed Manhattanville College Medical Room Evaluation Form, available in the Office of Residence Life, FO Hall room G-5, to the Director of Residence Life by April 1st, 2014. Your Medical Room Evaluation Form must be completed by a physician/licensed mental health professional explaining the medical need for a special housing placement. Students must also submit a release form, signed by the student as well as the physician/licensed mental health professional, permitting communication with off campus health care providers, i.e. the physician/licensed mental health professional completing the Evaluation Form, and appropriate campus administrator. This is necessary even if you currently reside in a medical placement.

Medical Room Evaluation Forms will be evaluated by a committee composed of members of the Office of Residence Life, the Health Center, the Counseling Center, and the Dean of Students. Individuals with approved evaluation forms will not participate in the room selection process but will be placed in designated rooms by the aforementioned committee. All decisions for medical placements will be made during the week of April 7th, 2014. Students will receive notification of the committee’s decision prior to the undergraduate room selection process. Those not approved for medical placements will be required to participate in the room selection process.

Please keep in mind the following:

- The diagnostician completing the form must be an impartial individual who is not a family member, e.g. parent, aunt, uncle, cousin, etc., of the student. The name, title, and credentials of the qualified professional completing the form must be included.
- Submitting a Medical Room Evaluation Form, supporting documentation, and a diagnosis from a physician/licensed mental health professional does not guarantee approval of requested accommodations.
- If approved for a medical placement, you will receive an assigned placement and relinquish your choice of bathmate/suitemates.
- As there are only a limited number of medical spaces available, only a limited number of Medical Room Evaluation Forms will be approved.
- With the exception of two bathrooms equipped with safety bars, all spaces designated as medical rooms are the same as any other residence hall rooms, i.e. no specialized ventilation or other equipment, same size, etc. As such, anyone with senior status (84 credits and above), should consider participating in the room selection process instead of applying for a medical room.
- Your medical placement may be in a double or single room and may be in a Dammann or Tenney suite with other individuals with similar medical needs.
- Failure to register for a full-time class load (12 or more credits) for the Fall 2013 semester by 6pm on Friday, April 18th, 2014 will result in the loss of housing.
- Students currently in medical rooms should not assume medical room eligibility for academic year 2013-2014.
- Failure to meet payment deadlines as indicated on billing statements from the Office of Student Accounts will result in loss of housing assignment.
- All decisions made by the review committee are FINAL; there is no appeal for committee decisions.
- If you are not approved for a medical placement, you must participate in room selection to obtain housing.

Please feel free to contact the Office of Residence Life, Founders Hall room G-5, 914-323-5217 with any questions or concerns.
MEDICAL ROOM EVALUATION FORM

Dear Physician or Therapist:

While completing this form please keep the following points in mind:

1. The individual completing this form must be an impartial individual who is **not** a family member, e.g. parent, aunt, uncle, cousin, etc., of the student.
2. Manhattanville College policy is that most students, other than seniors, will be housed in rooms with another student.
3. Those students with severe medical or psychological problems may petition to receive a “medical” room. By federal law, severity of condition substantially limits one or more major life activities, such as self-care, walking, seeing, hearing, speaking, breathing, or learning.
4. The College believes that shared living space is an integral part of facilitating the psychosocial development of our students. Valuable skills are learned through this experience that can be useful throughout life. These skills include conflict resolution, the ability to get along with others, and accepting the ideas and worth of students from diverse backgrounds.
5. Only extreme medical or psychological circumstances, documented by you and evaluated by Manhattanville College’s Health and/or Counseling Center, may result in a “medical” room assignment.
6. In addition to the completed Medical Room Evaluation Form, the student must also submit an Authorization for Release of Information (attached) which authorizes appropriate representatives of Manhattanville College to request and receive additional information from you regarding any of the information contained in the completed Medical Room Evaluation Form.
7. Completed forms should be mailed or faxed to the following address by: **April 1st, 2014:**
   
   Office of Residence Life
   Manhattanville College
   2900 Purchase Street
   Purchase, NY 10577
   Fax: (914)-323-5222

Student Name:__________________________________________________

I. Please document the medical or psychological circumstances that would necessitate a “medical” room for this student. **BE AS SPECIFIC AS POSSIBLE.**
II. How long have you known the student and how often have you seen him/her? When was the most recent visit prior to this evaluation?

III. Please document the severity of the condition, with specific examples.
IV. Please specify the medications that the student is taking. Document why this treatment does not allow symptoms to be ameliorated to the extent that the student can live with others.

V. What do you see as the medical/psychological outcome if the student is placed in a shared room or suite?

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Physician/Licensed Mental Health Professional Printed Name: ________________________________

Physician/Licensed Mental Health Professional Signature: ________________________________

Title: ________________________________

Credentials: ________________________________

Address: ________________________________ Date: ________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Phone #: ________________________________
Authorization for Release of Information

I, ________________________________, hereby authorize Manhattanville College Medical Room Evaluation Committee members to receive information from _______________________________________

regarding any information contained within my completed Medical Room Evaluation Form.

I, the undersigned understand that the information as indicated above to be released from my records is confidential and that I have the right to cancel my permission at any time before it is released.

Signature of Patient: ________________________________ Date: ___________

Signature of Witness: ________________________________ Date: ___________