



Boston University Disability & Access Services

Accommodated Housing – Student Request Form

Boston University Disability & Access Services (DAS) reviews and approves requests for housing accommodations and modifications for students with **significant documented disabilities, and significant temporary disabling conditions**, and works with BU Housing to identify residential space that will meet students' needs.

Adjustments for non-disabling conditions are managed directly through the Boston University Housing Office.

All students seeking accommodations or modifications in BU Housing for significant document disabilities must complete and submit this **Accommodated Housing -- Student Accommodation Request Form** and the **Accommodated Housing Request – Provider Disability Verification Form**.

To be completed by the student. Please complete the below form to the best of your ability.

Student Information

Last Name _____ First Name _____ Middle Name _____

BU ID# _____ Date of birth _____

Cell phone (____) _____ Email Address _____ M F Other _____

Local			Permanent		
Address			Address		
City	State	Zip	City	State	Zip
Phone			Phone		

Please indicate the nature of your housing request (check all that apply):

Medical _____ Food Related _____ Mental Health _____

What is/are your current Diagnosis(s) _____

Temporary Injury: If this request of for a temporary injury, please note the anticipated duration _____

Which semester are you requesting Housing Accommodations for? FALL SPRING SUMMER

What specific Housing Accommodation are you requesting? Please check all that apply:

Physical Access:			
<input type="checkbox"/> Wheelchair Accessible	<input type="checkbox"/> Close Proximity to bathroom	<input type="checkbox"/> Personal Care Attendant	<input type="checkbox"/> Visual Alarms
<input type="checkbox"/> Residence with a Power Door	<input type="checkbox"/> Roll-in Shower	<input type="checkbox"/> Private Bathroom	<input type="checkbox"/> Elevator

<input type="checkbox"/> Grab Bars in Bathroom	<input type="checkbox"/> Modified toilet	<input type="checkbox"/> Furniture Modification	<input type="checkbox"/> Space for Durable Medical Equipment
Other, please describe			

Specific Requests:		
<input type="checkbox"/> Medical Single – Dorm Style Single	<input type="checkbox"/> Medical Single – Single Bedroom In a Suite	<input type="checkbox"/> Medical Single – Single Occupancy Apartment
<input type="checkbox"/> Medical Access to Kitchen – Double Occupancy Bedroom in an Apartment	<input type="checkbox"/> Additional Refrigerator	<input type="checkbox"/> First Floor Unit/Few Stairs
<input type="checkbox"/> Low density Building (smaller student population)	<input type="checkbox"/> Lower density room (one roommate)	<input type="checkbox"/> Low density bathroom (limited number of students) bathroom
Other, please describe		

Dining Needs:			
<input type="checkbox"/> Access to Gluten Pantry	<input type="checkbox"/> Access to Shared Kitchen	<input type="checkbox"/> Access to Private Kitchen	<input type="checkbox"/> Specialized Meal
<input type="checkbox"/> Referral to Nutritionist			
Please indicate if you have already met with Sargent Nutrition <input type="checkbox"/> Yes <input type="checkbox"/> No			
Other, please describe			

Please Note: Students in dormitory style residences are required to be on a meal plan.

Please describe how the requested accommodation(s) are necessary to allow you to access BU Housing.

Please explain if there are any alternatives to the above requested accommodations.

Supplemental Information:

If you have a Service Animal, require a Personal Care Attendant, or are requesting either an Emotional Support Animal or Dietary Modification, please review and complete the below supplemental forms and polices.

Supplemental Forms – Please check all that apply
<input type="checkbox"/> Service Animal (SA) – Please see supplemental policy and Service Animal Form
<input type="checkbox"/> Emotional Support Animal (ESA) - – Please see supplemental policy and ESA form
<input type="checkbox"/> Personal Care Attendant (PCA) - - Please see supplemental policy PCA form
<input type="checkbox"/> Dietary Modification (other than access to kitchen)- Please see supplemental Food Related Medical Condition Form

Student signature _____ Date_____