

**Housing Accommodation Documentation Form
(to be completed by medical care provider)**

DIRECTIONS FOR THE MEDICAL CARE PROVIDER

The information provided should be in enough detail to allow Housing Services, Student Health Services and/or Disability Support Services (when relevant) at The Catholic University of America to evaluate the student's request. Clear, specific information about the student's medical condition and the reasons why this medical condition necessitates housing accommodations is necessary to evaluate the student's request. Please note: The medical care provider must be an impartial individual who is not a family member.

On letterhead stationery, please type responses to the following questions:

- 1) Name of student
- 2) What is your specialty?
- 3) What is the student's current diagnosis, which is the basis for this request, and documented prognosis?
- 4) How long have you treated the student for this condition?
- 5) Expected progression or stability.
- 6) Implications of existing co-morbid conditions.
- 7) What is the student's current treatment, medication, and/or other mitigating measures used or recommended by the provider as they relate to the disability and housing needs? Notation of medications, potential impact and side effects.
- 8) Notation of any required medical equipment.
- 9) Are there possible alternatives to a housing accommodation?

This letter must be returned to the Office of Disability Support Services by the medical care provider via mail, email, or fax.

Please return to:

Disability Support Services
Pryzbyla University Center 127
620 Michigan Avenue, NE
Washington, DC 20064

Email: **(*cua-dss@cua.edu*)**

Fax: 202-319-5126