

Barry University

Dear Healthcare Provider:

Your patient has requested a Specialized Housing Accommodation on the basis of a disability. In order to consider his/her request, we need documentation from you. *Please note that a Barry staff member from our Counseling Center or our Student Health Services may contact you to discuss your recommendations.*

Documentation requirements are a letter from you, on your letterhead, that includes all of the following information:

1. A diagnostic statement explaining the patient's disability.
2. A sentence or two explaining the current impact of (or limitation imposed by) the disability, as it relates to the need for specialized housing.
3. A statement about the type of specialized housing you suggest (e.g., an ADA equipped room; a private room; a private bath; etc.).
4. The housing features that are recommended for the student as a result of the disability (e.g., grab bars in the shower).
5. An indication of the level of need for the specialized housing, and the consequences of not receiving it. Please specify whether the patient *requires* the accommodation or if it is *recommended* (e.g., life threatening; cannot use campus housing without the accommodation; recommended for optimal functioning; recommended but not necessary, etc.)
6. Please also provide a statement explaining how the student's condition will impact his/her academic progress and performance.

Please note that many students would like to have a private room, but availability is limited. The information you provide will help us prioritize requests. For example, stress, mild anxiety, and some depression are common among college students, especially new freshmen. For returning students, previous conflict with a roommate may lead them to feel the need for a private room. In these cases, a referral to the University's Center for Counseling may be a more appropriate recommendation.

7. The credentials of the diagnosing professional (e.g., area of specialization, printed name, and license number).
8. Please sign the letter.
9. Please submit a copy of your Treatment Plan