

Informational Packet for Requesting Reasonable Housing Accommodations

In accordance with applicable federal, state, and local disability laws, Vanguard University will make every effort to provide reasonable housing accommodations for students who have a qualifying physical or psychological disability. Reasonable Housing Accommodations are provided for students living at Vanguard University campus. Only applications that represent a qualifying disability will be considered for housing accommodations. If the committee determines that your application does not reflect a disabling condition that requires a reasonable housing accommodation or you are not eligible for University housing, you will be referred back to the Housing Office.

When requesting a reasonable housing accommodation, applicants are expected to have already applied for Vanguard University Housing and have met all eligibility requirements and payment deadlines (for more information regarding Vanguard University Housing eligibility, see http://www.vanguard.edu/studentlife/residence-life/). Please pay close attention to the deadline dates indicated in the Vanguard University Housing materials (not provided in this packet), as well as the deadlines for submitting reasonable housing accommodation applications listed in this packet. All accommodations are determined on a case-by-case basis according to documented need and prevailing standards for reasonable accommodations. The Reasonable Housing Accommodation Committee reviews applications and approvals are sent to the Housing Office, which then offers assignments based on availability.

How to Apply for a Reasonable Housing Accommodation:

To be considered for a reasonable housing accommodation, you must complete Part I and Part III of the Request for Reasonable Housing Accommodation application and your healthcare provider must complete Part II. Completed applications should be returned to The Office of Disability Services. You can submit the application in person to Disability Services in Smith Hall, Office 103, emailing it to disabilityservices@vanguard.edu, or mailing it to:

Vanguard University ATTN: The Office of Disability Services 55 Fair Dr. Costa Mesa, CA 92626

Information provided to The Office of Disability Services is kept confidential and will only be shared within the University as is necessary to evaluate the request.



How Applications Are Reviewed/How Students Are Informed of Reasonable Accommodation Decision:

Your Request for Reasonable Housing Accommodations Application, along with supporting documentation from your healthcare provider will be reviewed by a committee consisting of representatives from the Office of Disability Services, Health Center, Residence Life, and the Counseling Center, and other administrators having knowledge of the accommodation process. You will be notified of the Committee's decision via e-mail from The Office of Disability Services. The correspondence will include a decision regarding your eligibility for each housing accommodation requested. The Housing Office will notify you of your housing assignment according to the notification schedule detailed on their website. All questions regarding features or specifications of the housing assignment that is offered to you will go directly to the Housing Office. You may contact them housinginfo@vanguard.edu or 714-662-5275. The Office of Disability Services is unable to provide specific regarding buildings and rooms.

If you have any questions about the process for requesting reasonable housing accommodations, please contact the Office of Disability services at 714-619-6550 or email disabilityservices@vanguard.edu

Important Information about the Documentation Your Healthcare Provider Must Submit:

The University requires documentation from a licensed healthcare provider that describes the student's disability and supports the request for a reasonable housing accommodation. The licensed healthcare provider must fill out Part II of the Request for Reasonable Housing Accommodations Application. The healthcare provider may also include a letter of additional support if they choose.

Documentation <u>must</u> be:

- 1. Recent (within the last year of applying for housing); and
- 2. Sufficient to establish a direct link between the underlying impairment and the requested housing accommodation.

The following documents are <u>not</u> considered acceptable forms of documentation if submitted alone:

- 1. Handwritten patient records or notes from patient charts
- 2. Diagnoses on prescription pads
- 3. Self-evaluation found on the internet or in any print publication
- 4. Research articles
- 5. Original evaluation/diagnostic documents; submit <u>copies</u> of the original documents



Examples of Common Reasonable Housing Accommodations Requests that can be applied for:

• Low Occupancy

Low occupancy rooms are that are doubled (1 roommate). Roommate choice is not considered a reasonable accommodation.

• Single Room

Single rooms have a private sleeping and bathroom area. A request for a single room must clearly demonstrate how sharing a sleeping area adversely impacts your ability to live and perform successfully at Vanguard University. The request should include an explanation of how typical roommate adjustments (such as using headphones, using a sleeping mask, negotiating shared use of a space via a roommate contract) would not resolve the concern.

• Lower Floor

A lower floor room may be available if a student's medical needs warrant it.

• Kitchenette

A kitchenette may be an option for students with specifically medical conditions that require meal preparations. A kitchenette has a living/sleeping area, private bathroom, and full kitchen. Roommate choice is not considered a reasonable accommodation.

• Physical Modifications

Students who may require physical modification in their living space must indicate their specific needs by the deadlines stated on the previous page. Examples of modifications may include wheelchair accessibility and modifications for hearing impaired students. It is important that you indicate such needs at the onset of your reasonable housing accommodation inquiry.

• Furniture

Vanguard University provides student furniture which meets certain space and fire safety requirements. A student with a qualified disability who wishes to bring non-University furnishings related to his/her special need must submit the request to The Office of Disability Services. The student will be required to provide documentation that demonstrates a need for non-University furnishings.

• Service Animal and/or Emotional Support Animal (ESA)

If a service animal or emotional support animal is requested, the service animal/ESA request form must also be filled out and returned to the Disability Services Office. All animal and personal disability information must be current and show correlation.



• Air Conditioning

Some residence halls do not have air-conditioning units. If air conditioning is a critical accommodation for a student with a qualified disability, this must be reflected in the submitted documentation. Air conditioning units are provided by the student at the student's own expense.

• Meal Plan Accommodation

Vanguard University requires all on campus students living in the following halls to participate in the meal plan program: Laguna, Huntington, Catalina, Balboa and Newport Halls.

For more information on meal plan requirements, please see: https://www.vanguard.edu/student-life/residence-life

Students with disability-related dining needs may be eligible to be exempted from this requirement <u>and placed in a kitchenette</u> (please see kitchenette criteria)based on availability. Students with specific dining needs are encouraged to contact Bon Appetite regarding menu options: 714-966-6730 or through their website: http://vanguard.cafebonappetit.com/

Examples of Housing Accommodations that are <u>not</u> considered reasonable and may not be accommodated:

• Roommate Requests

Please be advised that roommates may be assigned to students with disabilities who are occupying modified rooms in the same manner as other residential students. A roommate request is not considered a reasonable accommodation and cannot be evaluated by the Special Accommodations Committee.

• Specific Building Requests

Please do not make building specific requests but instead request the accommodation needed (i.e. proximity to campus or building with a/c etc.) A building-specific request is not considered a reasonable accommodation and cannot be evaluated by the Special Accommodations Committee.

Buildings and Room Rates:

Please note that residents are subject to billing rates based on the building and type of room. Single rooms are higher in cost than most typical shared rooms on campus. Kitchen facilities, air conditioning and other amenities also affect room rates. Building location and room rates are available on the Residence Life website: (http://www.vanguard.edu/studentlife/residence-life/). All Department of Housing room rates apply to students with disabilities.



2020-2021 Academic Year Reasonable Housing Accommodation Application Deadlines*

All Vanguard University students requesting reasonable accommodations in Vanguard University housing should make the University aware of these requests by applying for accommodations as early as possible in the housing assignment process. <u>All accommodations are subject to availability</u>. Students should provide completed applications, including all required documentation by the deadlines indicated below.

SEMESTER FOR WHICH THE ACCOMMODATION IS SOUGHT	DATE BY WHICH THE COMPLETED APPLICATION AND DOCUMENTATION	
	MUST BE SUBMITTED	
2020 Summer Session	• All students must submit by March 25 th , 2020	
2020-2021 Academic Year	 Returning students must submit by March 13th, 2020 New students must submit by June 15th, 2020 	
Spring 2021 Session	• November 1 st , 2020	

^{***}Students may apply for reasonable housing accommodations any time after the deadline, but placement will depend upon availability.

Please note that housing options vary across the Vanguard University campus. If you are approved for an accommodation you will be place in housing that matches or best matches your approved accommodation.



INSTRUCTIONS TO STUDENT: The student will complete Part I of this form. The student's healthcare provider will complete the Certification of Disability form, Part II. The student must sign the Authorization for Release of Information, Part III, and submit the completed application with all supporting documentation to the Office of Disability Services for review by the Reasonable Housing Accommodations Committee. All information provided is kept confidential under applicable laws and will only be shared with the necessary committee professionals to fully evaluate the request. This is a 5 page application. Please make sure you return all pages.

Part I. REQUEST FOR REASONABLE HOUSING ACCOMMODATIONS

<u>PLEASE NOTE:</u> This process and all related disability documentation are specific to housing accommodation requests only. To request academic accommodations, you must complete the Disability Services registration process. Please e-mail <u>disabilityservices@vanguard.edu</u> for more information.

Name:	VU ID#:	
Phone:	Student E-Mail:	
Semester/Year for which accommodation	on is requested:	
Current VU housing placement(if any):		
Please indicate 2020 Class Year:		
FreshmanSophomoreJunior	SeniorTransfer	
Have you previously applied for disabil	ity housing accommodations at VU?YESNO	
If yes, when?		
If yes, please list any Housing/Meal according	ommodations that you have <i>previously received</i> :	



I am requesting the following housing accommodations: (Requested accommodation must be clearly linked to functional limitations. A specific building or roommate request is **not** considered a reasonable accommodation and will not be evaluated as such).

☐ Low Occupancy (1 roommate)	
☐ Single Room	
☐ Kitchenette/Meal Accommodation	
☐ Air Conditioning/Climate controlled	
Lower Floor	
☐ Service Animal/Emotional Support Animal (Addi	
☐ Physical Modifications/Wheelchair Accessible Unin shower, grab bars, etc.):	nit (please specify what modifications you need, i.e. roll-
Other:	
Do you require evacuation assistance:Yes	No
If yes, please describe your needs for evacuation ass	istance:
Please sign below, indicating that you have read tapplication	the Informational Packet provided to you with this
Name	Date



Part II. CERTIFICATION OF DISABILITY

To the Student: This form must be filled out in its entirety by your medical provider or clinician. If this form is completed by anyone other than a qualified licensed professional, the information provided may not be used to support your accommodation request and the Office of Disability Services reserves the right to request additional documentation. Since a request for additional information can result in a delay in your request for accommodations, you are strongly urged to have the form completed by a qualified medical provider or clinician who will include all requested information.

To the Evaluator: The student named below has represented that s/he has a disability which will require a housing accommodation at Vanguard University. The information you provide will be used to determine the appropriateness of the requested accommodations. Please take the time to complete this form and thoroughly. You may fax us a copy, but our records must include an original with your signature. We cannot accept substitutions for this form but you may provide supplemental information on official letterhead. Please contact us with any questions. All information provided to us is confidential and will only be used towards housing accommodations. With the student's permission, we may contact you directly for additional information to assist us in making a determination.

Student Name:	VU ID#
Health Care Provider: Please respond to the fo	ollowing questions regarding the above named student.
1. Please provide the diagnosis (DSM IV and/o	or the ICD-9 codes) for the condition(s) for which the
housing accommodation is requested:	
2. Please list date of onset and severity:	



3. How long have you been treating the individual?		
4. When was the last visit you had with the individual?		
5. Please list any current functional issues and impact on activities of daily living in residence halls:		
6. What is the current treatment plan (including medications)?		
7. Please provide the results and dates of any testing and/or evaluations used to determine diagnosis and past treatment and response.		



Healthcare Professional Name:		
Professional Licensure: State	Number	
Healthcare Professional Signature:		Date:
Office Address:		
Office Phone:		



Part III. AUTHORIZATION FOR RELEASE OF INFORMATION

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	tests and case summaries in their possession reg	d/or organizations to release all treatment records, relevant arding me to the Office of Disability Services, and for the ormation in its possession to the individual and/or
	I hereby authorize the Office of Disability Servi below and to discuss such information with list	ces to release all records pertaining to me to the names listed ed individuals/organizations.
Name	of individuals and/or organizations that will relea	ase or receive information:
This a	uthorization allows the above individuals and/or	organizations to copy and send records to the Office of
Disabi author of Disa	ility Services and allows representatives of the Off rization allows the above individuals and/or organ	ice of Disability Services to review the records. This hizations to discuss my condition and needs with the Office sees all records pertaining to my condition, including "third"
Pursua	ant to HIPAA, the following are specified as part of	of this authorization:
	e purpose of disclosure is to assist Vanguard Univ Americans with Disabilities Act and what accom	ersity in determining whether I have a disability as defined modations may be appropriate.
B. Thi	s authorization expires one year after the date it is	s signed.
Vangu		orization at any time by providing written notification to as listed above, and that revoking this authorization does not his authorization.
	ave been informed that the individuals and organi ether I sign this authorization.	zations listed above may not condition treatment, payment
not rec privac	quired by law to protect the privacy of the inform	may be re-disclosed if the recipient(s) of this information is ation, and the information is no longer protected by HIPAA losed to Vanguard University is subject to other state and
Studen	nt Name:	Student ID:
Studen	nt Signature:	Date:
Parent	/Guardian Signature (if under 18):	Date: