

DISABILITY HOUSING ACCOMMODATIONS PROCEDURES & GUIDELINES COLUMBIA UNIVERSITY MEDICAL CENTER CAMPUS STUDENTS

Columbia University recognizes that students with disabilities may require a specific type of housing to fully participate in the residential component of the university experience. For these students, Columbia provides disability housing accommodations in accordance with the Americans with Disabilities Act as amended (ADA AA). A disability is defined under the ADA AA as any mental or physical impairment that substantially limits the individual in a major life activity compared to the average person. The University has established the following procedures to ensure that students with disabilities have equal access to Columbia housing.

Please note the following about the procedures:

- Students must be eligible for University housing in order to be eligible for disability housing accommodations; this means enrollment in a housing eligible program, School approval, and status as a full-time student.
- Students with service animals, or those requesting permission to have an assistance animal in housing, should also refer to the University's Service and Assistance Animal Policy (http://health.columbia.edu/files/healthservices/pdf/Disability_AnimalPolicy.pdf), for complete information about related policy, procedures, and expectations.
- Students who wish to have either "live-in" or per-diem personal care assistants (PCAs) must be approved for this accommodation before bringing their PCAs to campus.

Procedures for Requesting Housing Accommodations:

1. Students must follow general housing procedures, and should consult the CUMC Office of Housing Services for more information <http://www.cumc.columbia.edu/facilities-management/housing/housing>.
2. Students must submit a completed *Request Form for Disability Housing Accommodations* (attached), a personal statement describing their disability and their need for the housing they are requesting, and disability documentation.

Disability documentation must:

- a. Meet requirements outlined in Disability Services' disability documentation guidelines for the student's disability type (refer to www.health.columbia.edu/ods for guidelines).
- b. Be sufficient to establish a direct link between the underlying condition and the requested housing accommodation(s).
- c. If requesting housing accommodations due to asthma or allergy conditions, submit a completed *Verification of Disability Form for Asthma and Allergy Conditions* (refer to www.health.columbia.edu/ods for this form).

All required items must be sent to:

Columbia Health
Disability Services
Wien Hall, 1st Floor Suite 108A
411 W. 116th Street, MC 3714
New York, NY 10027
Fax: 212.854.3448 or Email: disability@columbia.edu

Incomplete applications or those without disability documentation will not be considered.

3. **Committee Review:** Requests are considered by the Committee on Disability Housing Accommodations, which is comprised of staff from the offices of Disability Services, Housing Services, and several of Columbia's staff physicians. The Committee evaluates, among other things, the student's disability status, the necessity of the requested accommodations, potential alternative accommodations, and what, if any, housing accommodations would be appropriate for the student. Students are informed of the status of their request by email within one week of the Committee's review. The Committee meets once per month, generally on the first Tuesday of the month.
4. **Deadlines:** All requests for disability housing accommodations, along with all of the required documentation and forms referenced above, must be submitted by the following dates:
 - a. **Entering first year P&S medical students:** April 1st
 - b. **Entering ETP Nursing students:** March 1st
 - c. **All other entering first year students:** May 1st
 - d. **Couples Housing:** May 1st

While applications submitted after these dates will be accepted and considered, Columbia cannot guarantee that it will be able to meet late applicants' accommodation needs, including any needs that develop during the semester.

5. **Housing Assignment:** Students will receive a direct assignment from the Office of Housing Services that includes all approved disability accommodations. Students who wish to move or change housing locations after this initial assignment should contact the Office of Housing Services and Disability Services to explore options.
5. **Appeal Procedures:** Students who are not granted housing accommodations through this process will have the opportunity to appeal the Committee's decision. If a decision denying the request for disability housing accommodations is made, students will receive information about the appeals process with their decision letter. All requests for appeal are reviewed by Dr. Samuel Seward, Assistant Vice President of Columbia Health. Students not approved for disability housing accommodations, or whose appeal is denied may apply for an assignment or a transfer through standard housing procedures. Students should contact the Office of Housing Services (<http://www.cumc.columbia.edu/facilities-management/housing/housing>, 212.304.7000, cumc.housing@columbia.edu) for more information on this process.

For questions or clarification about this process, please contact Disability Services at disability@columbia.edu, 212.854.2388.

**REQUEST FORM FOR DISABILITY HOUSING ACCOMMODATIONS
COLUMBIA UNIVERSITY MEDICAL CENTER CAMPUS STUDENTS**

Please refer to the *Disability Housing Accommodations Procedures* for the complete process for requesting disability housing accommodations, including deadlines. Students must follow these procedures and provide all of the required information in order to be considered for disability housing accommodations.

Name: _____ Date: _____

Permanent Address: _____

Anticipated Move-In Date: _____

OR
Already Living in CU Housing (specify location): _____

Columbia UNI (if available): _____ Columbia PID (if available): _____

E-mail Address: _____

Preferred Phone: _____

Columbia School: _____

Program: _____

Please specify your disability: _____

If this request is due to a temporary injury, please indicate expected duration: _____

Disability Accommodations Requesting:

- Wheelchair Accessible Unit
- Semi-private Bathroom
- Private Bathroom
- Flashing Alarm
- Service or Assistance Animal
- Close proximity to program (specify location of program and distance requested):

- Accessible building (no stairs, elevator building, and accessible common areas)
- Partially accessible building (elevator building or ground floor unit with no steps at entrance)
- Limited accessible building (some steps at building entrance, elevator building or ground floor unit)
- Housing Assignment (guaranteed housing allotment; should be requested if student is not guaranteed housing but needs housing due to disability)

Other: _____

Other: _____

Air Conditioning: Air conditioning is not an accommodation considered by the Disability Housing Committee as all students residing in CUMC Housing are either assigned to housing with air conditioning or are permitted to bring air conditioners to housing without it. See Office of Housing Services website for more information at <http://www.cumc.columbia.edu/facilities-management/housing/moving-in-moving-out>.

If you have a service or assistance animal, which you plan to have live with you in Columbia housing, please confirm the following. Questions 1-4 pertain to service animals, questions 5 and 6 pertain to assistance animals:

- | | | |
|---|-----|----|
| 1. My service animal is a dog | YES | NO |
| 2. My service animal is a miniature horse | YES | NO |
| 3. My service animal is required because of my disability | YES | NO |
| 4. List tasks/work your service animal is trained to perform: | | |

Task: _____

Task: _____

Task: _____

Task: _____

- | | | |
|---|-----|----|
| 5. My animal is an assistance animal | YES | NO |
| 6. List types of assistance animal provides in relation to your disability: | | |

Task: _____

Task: _____

PLEASE NOTE: Disability documentation is required to consider a request to have an assistance animal reside in University housing as a disability accommodation.

Housing Location Information:

The Office of Housing Services will make reasonable efforts to accommodate a student's preferences regarding location and housing style indicated on the housing application. Please note, however, that Columbia's first priority is to accommodate disability-related housing needs and then to meet housing style preferences. Consult the Office of Housing Services website (<http://www.cumc.columbia.edu/facilities-management/housing/housing>) for a complete listing of housing locations, styles, rates, and options.

Please indicate your preferred housing style:

- | | |
|--|--|
| <input type="checkbox"/> Dormitory style (single room) | <input type="checkbox"/> Apartment Share |
| <input type="checkbox"/> Dormitory style (single room with private bathroom) | <input type="checkbox"/> Studio |
| | <input type="checkbox"/> One Bedroom Apartment |

Are you requesting couples/family housing with Housing Services?	YES	NO
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You must also attach a personal statement describing your condition and your need for each of the accommodations that you are requesting.

If you have not done so already, please attach documentation from a qualified medical or other provider in support of your requested accommodation(s). Refer to health.columbia.edu/ods for documentation guidelines.

You must complete the attached Evacuation Assistance Form or indicate below that you do not need any assistance with emergency evacuation.

This Request Form will not be reviewed without a personal statement and completed Evacuation Assistance Form.

I do NOT require assistance with emergency evacuation

Signature: _____

Please sign below, indicating that you have read Columbia's *Disability Housing Accommodations Procedures and Guidelines (attached)*.

Student Signature: _____ Date: _____

Disability Evacuation Assistance Registration Form

Students whose disabilities, chronic conditions, or temporary injuries may interfere with their ability to evacuate their residence halls or university apartments unassisted in the event of an emergency or evacuation, are encouraged to alert Disability Services (DS) by completing this form. This information will be shared with Columbia's offices of Public and Fire Safety, Residential Programs, Housing, and the local Fire Department of New York (FDNY).

Students with evacuation assistance needs are advised to contact the Department of Public Safety Office of Fire and Life Safety at 212.854.6670, or 212.854.6676, for individual emergency preparedness and planning consultation. Additionally, students are advised to learn the evacuation plans and routes for their residential and academic buildings.

Individuals with disabilities may be at greater risk during evacuations. The research shows that self-awareness and preparedness affords individuals the best chance for a safe evacuation. DS strongly encourages all students who believe that their conditions may interfere with their safe evacuation to take full advantage of the Public Safety's Office of Fire and Life Safety preparedness training. A useful guide to consult is the "Emergency Evacuation Preparedness Guide" for individuals with disabilities which is available on the web at <http://www.cdihp.org/evacuation/toc.html>

Student Name: _____ UNI: _____

Mobile Phone Number: _____

Type of Disability/ Chronic Medical Condition:

- | | |
|--|---|
| <input type="checkbox"/> Visual Impairment/ Blind | <input type="checkbox"/> Physical/ Mobility |
| <input type="checkbox"/> Deaf or Hard-of-Hearing | <input type="checkbox"/> Psychological |
| <input type="checkbox"/> Sleep Disorder | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Chronic Health Condition (specify): _____ | |

Please check all that apply:

- I am not able to hear alarms at all times (due to sleep disorder or loss of hearing)
- I am not able to independently get in and out of bed
- I am not able to independently transfer in and out of my wheelchair
- I have a service animal
- I am not able to use stairs independently
- I am able to navigate a limited number of steps/stairs
 - o Specify number of flights of stairs: _____

Do you have medical equipment that is required for daily use? YES NO

If yes, please describe: _____

Indicate if you would like to meet with a Columbia Fire and Life Safety officer for individual training. If you indicate "yes," Disability Services will provide your name, email, and cell phone number to Fire Safety to coordinate this training.

YES NO

Please list items that must be available to you in the event of an emergency (i.e. charger for motorized chair, medical, or communication equipment, medications, etc.)

1. _____
2. _____
3. _____
4. _____
5. _____

Please describe your needs for evacuation assistance:

Disability Services Office Use Only:

Columbia Housing Location: _____

Tenure

Temporary Dates: _____

Columbia Fire Safety alerted to student's need for evacuation assistance

Student Acknowledgement Form

Prior Disclosure to University Faculty, Staff, Administrators:

Have you discussed your need for accommodations and/or disability status with any University officials (e.g. advising dean, professors, etc.)? Yes No

If yes, please specify who you shared this information with and the type of information you provided. This information will help Disability Services (DS) determine next best steps, if applicable.

Name of University official(s): _____

Information provided: _____

Confidentiality & Release of Information

Confidentiality:

The University recognizes that student disability records contain confidential information and as such documentation of a student's disability is maintained in a confidential file at Disability Services (DS). Although, disability and accommodation records are considered part of the student's educational record, documentation concerning disabilities is separate from the student's general academic record. Eligibility for disability accommodations will not appear on your transcript.

DS will maintain the confidentiality of all student records as required or permitted by law. Procedures for handling student information have been adopted by DS and are rigorously followed by the DS staff. Students are informed of their confidentiality rights during their first meeting with DS.

Please note that this document will serve as written authorization under the University's Family Educational Rights and Privacy Act (FERPA) policy for disclosure to appropriate faculty and staff of one's status as a registered student with DS. Under this federal law, in some circumstances, prior written consent by the student may be required before DS may release disability documentation and/or records. This document will serve as written authorization for DS to share information as needed in order to effectuate your accommodation request. Any disclosure and/or discussion of disability-related information is used to guide DS for the purpose of coordinating and administering requested accommodations. Your signature below confirms that you understand that this authorization will be deemed effective for the entire period you are enrolled at Columbia University (and/or at an affiliated institution) and seek the assistance of DS, unless you otherwise affirmatively revoke your authorization in writing to DS. This authorization begins at the time this form is submitted and applies during times away from Columbia including, but not limited to breaks between semesters, medical leave, studying abroad, etc.

To facilitate your request for accommodations, DS may provide information about your accommodation request and disability-related needs to University officials who have a legitimate educational interest in obtaining the information, including the following persons as deemed necessary:

- [DS Liaison](#) (Designated administrators in various programs throughout the University.)
- Columbia Health/CUMC Student Health Services
- Counseling and Psychological Services/Student Mental Health Service
- Advising Dean/Deans
- Faculty/Administrators
- Clinical Preceptors/Field Instructors
- Athletics department
- Other school officials

Disclosures to Third Parties

- To provide your written consent to disclose medical/disability-related information or medical documents to third parties (outside the University) that you specify, you must submit the [Disability Services Release Form](#).
- The signing of the Release Form does not automatically extend to parents or other family members. If you wish to grant permission for DS to communicate with your parents or other family members, the names of such individuals must be included in the Release Form.
- A student's file may be released pursuant to a court order or subpoena. In addition, a student may give written authorization for the release of educational information when the student wishes to share it with others. Before giving such authorization, the student should understand the information being released, the purpose of the release, and to whom the information is being released.
- When a student expresses intent of harm to self or others, Disability Services will contact Counseling and Psychological Services (Morningside), Student Mental Health Service (CUMC) or Public Safety/NYC Emergency Services.
- Disability Services will fulfill its reporting obligation in the event of suspected child abuse or maltreatment as outlined in the University Protection of Minors policy: <http://compliance.columbia.edu/minors.html>
- University administrators who learn of suspected instances of discrimination, including instances related to disability, have a duty to refer the information immediately to the Office of Equal Opportunity and Affirmative Action. These procedures are intended to ensure a safe and nondiscriminatory employment and educational environment and comply with applicable law.

Guidance for Students

Your signature below indicates that you have read this information, that you understand the role of the above parties in implementing accommodation(s) based on your documented needs, and that you are hereby authorizing DS to share your disability-related information with the appropriate University officials for the purpose of addressing your accommodation needs.

Name of Student (*Please print*) UNI

Signature of Student Date