

Reasonable College Housing Accommodation Policy

Grove City College reserves the right to amend this policy at any time.

Grove City College (“GCC” or the “College”) recognizes the importance of providing reasonable accommodations in its housing policies and practices where necessary for individuals with disabilities to use and enjoy College housing. This policy explains the specific requirements and guidelines which govern requests for reasonable accommodation in College Housing.

Procedure for Requesting Reasonable Housing Accommodation (Excluding Requests for Service Animals under the Americans with Disabilities Act)

The Disability Services Office is responsible for evaluating whether to grant or deny requests for a reasonable accommodation in College Housing. In evaluating the request, the Disability Services Office will consult with the Director of Residence Life, as necessary, to determine whether the requested accommodation is necessary and reasonable. Individuals with a disability who reside or intend to reside in College housing who believe they need a reasonable accommodation must complete the online application and supply any necessary documentation.

A student who intends to bring a “Service Animal,” should review the Service Animal Policy.

Requests for a reasonable accommodation in College housing policies and practices are governed by the following requirements:

1. Requesting a Housing Accommodation

- An individual with a disability must complete the “[Online Student Application](#)” to request a reasonable accommodation. The application is located on the Disability Services page of the Grove City College website. If an individual needs assistance in completing the application because of his or her disability, he or she is responsible for contacting the Disability Services Office to request assistance.
- GCC will accept and consider requests for a reasonable accommodation in College housing at any time. However, if a request for accommodation is made or approved after the deadlines outlined at <https://www.gcc.edu/Home/Experience-the-Grove/Campus-Life/Disability-Services/Housing-Dietary-Accommodations> for the next academic year, GCC cannot guarantee that it will be able to meet the individual’s accommodation needs during the first semester or term of occupancy. Students approved for a housing accommodation after the noted deadlines will be given priority when an applicable space becomes available and/or prior to the start of the next room draw period.
- If the need for an accommodation arises when an individual already resides in College housing, he or she should contact the Disability Services Office and complete the Online Registration Form as soon as possible. GCC cannot guarantee that it will be able to meet the accommodation needs during the semester or term in which the request was received.
- Absent exceptional circumstances, the Disability Service Office will attempt to provide a written response within seven (7) business days of receiving the online application and any necessary documentation to consider the request. A formal meeting either in person or via phone will be scheduled to discuss the accommodation request.

2. Information that May Be Requested for Housing-Related Accommodation Requests

Disability Services shall limit its requests for information to only the information necessary to verify whether the individual making the request has a disability and/or evaluate if the reasonable accommodation is necessary to provide the individual an equal opportunity to use and enjoy College housing.

Obvious Disability

If the individual's disability and the necessity for accommodation are obvious (i.e. an individual with a physical disability using a wheelchair needs an accessible room), the individual needs only to explain the type of accommodation he or she is requesting. Documentation of disability and/or necessity would not be required in these circumstances.

Non-Obvious Disability/Necessity

1. If the disability is obvious but the need for accommodation is not obvious, the College may require the individual to submit appropriate documentation from a reliable third party who can verify that the requested accommodation is necessary to provide the individual with an equal opportunity to use and enjoy College housing but may not seek information about the individual's disability.
2. If the disability and necessity for accommodation are not obvious, Disability Services will require the individual to provide appropriate documentation, in most cases within 3 years, and a written statement from a reliable third party who can verify that the individual has a disability and that the requested accommodation is necessary to provide the individual an equal opportunity to use and enjoy College housing. **Refer to the documentation guidelines at the end of this policy.**
3. A reliable third party is someone who is familiar with the individual's disability, qualified to diagnose/treat the disability within their scope of practice, and can explain the necessity of the requested accommodation. A third-party individual includes, but is not limited to, a physician, counselor or another medical professional who is an objective party (i.e., neither a family member nor close family friend).
4. Absent exceptional circumstances, within seven (7) business days of receiving appropriate documentation and written statement from the third-party, the Disability Services Office, after consultation with the Director of Residence Life, will determine if the accommodation is necessary because of disability to provide the individual an equal opportunity to use and enjoy College housing.
5. If the third party returns the written statement without sufficient information for the Disability Services Office to determine whether an accommodation is necessary, the Disability Services Office will inform the student within seven (7) business days of receiving the written statement.
6. The individual making the request for accommodation must cooperate with the Disability Services Office in a timely manner in providing all information needed to determine whether the requested accommodation is necessary.

3. Determination of Reasonableness

- The Disability Services Office may deny the requested accommodation if it is unreasonable. The Disability Services Office shall consult with the Director of Residence Life to determine if implementing the requested accommodation is reasonable.
- An accommodation is unreasonable if it:
 1. imposes an undue financial and/or administrative burden;
 2. fundamentally alters College housing policies;
 3. poses a direct threat to the health and safety of others or would cause substantial property damage to the property of others, including College property;
 4. and/or is otherwise unreasonable to the operation of the College.

4. Approval of Accommodation

If the Disability Services Office determines a requested accommodation is necessary and not unreasonable, the individual will be contacted within seven (7) business days of the determination to arrange a meeting to discuss the implementation of the accommodation.

5. Denial of Accommodation/Appeal

- If the Disability Services Office determines a requested accommodation is necessary but unreasonable, the Disability Services Office will contact the individual, in writing, within seven (7) business days of the determination and engage in an interactive process with the individual to determine if there are alternative accommodations that might effectively meet the individual's disability-related needs.
- If the individual is unwilling to accept any alternative accommodation offered by the Disability Services Office or there are no alternative accommodations available, the Disability Services Office will provide a verbal explanation and written statement to the individual of the denial, the reasons for the denial, the right to appeal the decision and the procedures for that appeals process. The statement shall be provided to the individual within seven (7) business days.
- All appeals for housing-related accommodations are reviewed by the Vice President of Student Life and Learning. If the appeal is denied, the Vice President of Student Life and Learning shall provide the individual written notification of the denial and the reason(s) for the denial.
- An individual may also use the grievance procedure provided under the general College antidiscrimination policies.

6. Non-Retaliation Statement

GCC will not retaliate against any individual because that individual has requested or received a reasonable accommodation in College housing.

Any student who feels they have been discriminated against, on grounds of their disability, may file a grievance through the College's grievance procedure.

Guidelines for Documentation for Disability Related Housing Needs

These guidelines have been prepared to clarify the type of documentation needed when a student requests housing accommodation(s) based on a non-obvious disability: Documentation should be current (within three years), can be provided on the documentation form included in this document or on the provider's letterhead, and must include the license number and original signature of the medical professional. The diagnostician should be an impartial individual.

The Disability Services Office is ultimately responsible for determining accommodations based on impact of the disability as supported by the documentation. Priority housing requests are considered on a case-by-case basis according to need with documentation of the disability and strong medical support. Following a thorough review, recommendations will be made as appropriate by the Disability Services Office to the Office of Student Life and Learning.

Initiating this process does not guarantee the requested accommodation(s) will be approved.

Documentation Supporting Housing Accommodation Requests

Documentation provided to the Disability Services Office must be comprehensive and include:

- Evaluation by a licensed physician, neurologist, psychiatrist, or other medical specialist qualified to diagnose physical or mental disabilities and/or chronic health conditions.
- Length of time provider has been treating the student.
- A specific diagnosis. The clinician is encouraged to cite the specific objective measures used to help substantiate diagnoses. The evaluator should use definitive language in the diagnosis of a physical disability, avoiding speculative terms such as "suggest" or "has problems with".
Note: Diagnoses that are listed as "suspected", "thought to have", "self-reported", etc. typically do not provide evidence of a disability and are not considered for the purposes of the housing accommodation request.
- Relevant information regarding medications, current treatment, patient's response, and prognosis related to the disability.
- Current impact of the disability as it relates to the housing request. In the opinion of the medical professional doing the evaluation, is this accommodation necessary for the student to have "equal access" to college?
- Recommendations for effective accommodations.

Single Room Requests

Single room requests will be considered when accompanied by appropriate medical documentation.

In general, the following diagnoses **may** lend themselves to single room housing accommodations:

- Disorders involving muscular degeneration;
- Immunodeficiency disorders (or need for chronic medication which significantly impacts immune function);
- Sleep disorder (generally a full sleep assessment including sleep disorder lab study will be required);
- The diagnosis must support the necessity of the special housing request not just convenience or preference.

Single room requests on the basis of religious reasons, sorority/fraternity housing, roommate conflicts, and/or the student's schedule should be addressed with the Office of Student Life and Learning as these are generally not related to a disability. Additionally, please keep in mind that the role of the Disability Services Office is to provide equal access for students with disabilities, and therefore, requests for a single room due to a desire for private space

to take appointments/meetings and/or to study quietly are not generally accepted as all students must navigate these concerns and other spaces (i.e., reservations system for classrooms, huddle rooms, or other campus spaces and quiet study areas in the library or other buildings, etc.) exist on campus to meet such needs.

Private Kitchen/Colonial Hall Requests (Dietary Related)

Students with food allergies or other unique dietary needs are typically supported through the dietary accommodations coordinated by the College's food services provider. In most circumstances, a meeting with the dietary accommodations team and/or a trial period of utilizing dietary accommodations in the dining halls will be required before a housing accommodation is considered for these conditions.

Air Conditioning

**Students are allowed to bring an air purifier or air filter without going through the housing accommodation process but should check with the Office of Student Life and Learning regarding any unit specifications.*

Current and incoming Grove City College students making a request for air conditioning as an accommodation should reference the Request for Medical A/C Form and Medical A/C Policy to begin such a request. The student must provide medical documentation from a pulmonologist or allergist, which includes all of the information on the Request for Medical A/C form and supports the student's need for an air conditioner, prior to the housing deadlines noted on the [GCC website](#) to receive full consideration for the next housing period.

Housing Accommodation Request Notes

The documentation must support the necessity of the special housing request not just convenience or preference.

Additionally, please note, while information submitted to the Disability Services Office is considered confidential, by submitting a request for a housing accommodation the students is also providing the Disability Services Office permission to share information, as needed, with the relevant staff in the Office of Student Life and Learning.

All documentation and relevant information should be submitted to:

Disability Services Office

Grove City College

Academic Resource Center, Henry Buhl Library

100 Campus Drive

Grove City, PA 16127

DisabilityServices@gcc.edu

Phone: 724-264-4673

Online Application: <https://shasta.accessiblelearning.com/s-GCC/ApplicationStudent.aspx>

Documentation Form for Housing Accommodation Request

Section 1 (Completed by Student)

Full Name: _____
(Last, First, and Middle Initial)

Date of Birth: _____

GCC Student ID Number (if applicable): _____

Medical Provider Name & Address: _____

By signing this form, the individual named above is authorizing his or her medical provider to release the enclosed information to the Disability Services Office at Grove City College and are authorizing their medical provider to discuss this information with a representative of the Disability Services Office should more information be necessary. This release will remain valid for one year from the date of the individual's signature below.

Student Signature: _____

Date: _____

Section 2 (Completed by Provider)

Provider Name: _____

License Number: _____

Issuing State: _____

Office/Agency/Hospital Name: _____

Address: _____

Phone Number: _____

Fax Number: _____

Section 3 (Completed by Provider)

According to the Americans with Disabilities Act (ADA), a disability is a “physical or mental impairment that substantially limits one or more major life activities.” Examples of major life activities include, but are not limited to, walking, seeing, hearing, cognitive activities, and/or bodily functions.

In your professional opinion, does the individual have a disability based upon this definition (Circle one response)?

Yes

No

Unable to Answer

State the diagnosis or diagnoses (including ICD-10 or DSM-5 codes, if applicable):	
Did you diagnose the individual with these conditions?	Yes No
Date of Initial Diagnosis:	Date of Most Recent Follow-Up or Evaluation:
Please Indicate Your Role in the Individual’s Treatment/Care:	
<ul style="list-style-type: none"> ➤ Primary Care Physician/Family Doctor ➤ Counselor/Psychotherapist ➤ Single Session Provider/Evaluator ➤ Crisis or Trauma Therapy Provider ➤ Allergist/Immunologist ➤ Other (Please Describe): 	
Please note the length of time that you have been providing treatment or care for the individual:	
Are you a relative of the individual?	Yes No

Life Activity Information

Information is only necessary for the areas relevant to the individual for whom you are completing this document.

Type of Activity	Description of Function	Degree of Limitation	Prognosis
<input type="checkbox"/> General Daily Living Activities		Mild Moderate Severe	Permanent/Chronic Short-Term/Temporary (6 months or less) Episodic (Describe Frequency and Duration): Other (Describe):
<input type="checkbox"/> Gross Motor Skills/Ambulatory		Mild Moderate Severe	Permanent/Chronic Short-Term/Temporary (6 months or less) Episodic (Describe Frequency and Duration): Other (Describe):
<input type="checkbox"/> Fine Motor Skills		Mild Moderate Severe	Permanent/Chronic Short-Term/Temporary (6 months or less) Episodic (Describe Frequency and Duration): Other (Describe):

<input type="checkbox"/> Respiratory		Mild Moderate Severe	Permanent/Chronic Short-Term/Temporary (6 months or less) Episodic (Describe Frequency and Duration): Other (Describe):
<input type="checkbox"/> Environment/Climate		Mild Moderate Severe	Permanent/Chronic Short-Term/Temporary (6 months or less) Episodic (Describe Frequency and Duration): Other (Describe):
<input type="checkbox"/> Communication (Social or Speaking)		Mild Moderate Severe	Permanent/Chronic Short-Term/Temporary (6 months or less) Episodic (Describe Frequency and Duration): Other (Describe):
<input type="checkbox"/> Dietary		Mild Moderate Severe	Permanent/Chronic Short-Term/Temporary (6 months or less) Episodic (Describe Frequency and Duration): Other (Describe):

<input type="checkbox"/> Bodily Functions		Mild Moderate Severe	Permanent/Chronic Short-Term/Temporary (6 months or less) Episodic (Describe Frequency and Duration): Other (Describe):
<input type="checkbox"/> Sleeping		Mild Moderate Severe	Permanent/Chronic Short-Term/Temporary (6 months or less) Episodic (Describe Frequency and Duration): Other (Describe):
<input type="checkbox"/> Stress Management		Mild Moderate Severe	Permanent/Chronic Short-Term/Temporary (6 months or less) Episodic (Describe Frequency and Duration): Other (Describe):
<input type="checkbox"/> Other (Please Specify)		Mild Moderate Severe	Permanent/Chronic Short-Term/Temporary (6 months or less) Episodic (Describe Frequency and Duration): Other (Describe):

Describe how limitations outlined here might impact the individual in a college residence:
Identify any measures (ongoing treatment, medication, etc.) the individual utilizes to mitigate the impairment:
Describe specific recommendations that you believe are medically necessary and explain why they are essential for the individual to have equal access as it relates to housing:
Please note any additional relevant information:

All information included will be considered. Accommodation decisions are based upon the nature of the disability and functional limitations, reasonableness of the request, available housing configurations, and timing of the request. Potential alternatives to the requested housing accommodation may be considered and recommended, as needed.

Provider Signature: _____

Date: _____