

# Earlham College, Office of Residence Life

## APPLICATION for SPECIAL HOUSING

Earlham College is a small, residential campus that requires its students to live in community as outlined by its housing policy. Nonetheless, the College recognizes that, in some cases, living in community is difficult for some students and has procedures in place to consider exceptions to its housing policy.

Special housing is viewed as part of an active treatment plan. The College requires supporting documentation from an appropriately licensed professional that outlines how a special housing assignment supports your medical needs. Please be aware that a diagnosis of a medical condition in and of itself does not automatically qualify you for a special housing assignment.

### **Directions**

Students requesting special consideration of their housing assignments at Earlham College must submit this Application for Special Housing.

Please use the attached supporting documentation form as a guideline of the information needed to properly address your special housing request. Additional forms are available from the Student Development Office.

The application and/or documentation form may be faxed to the Assistant Director of Residence Life at 765-983-1552. Any information you provide will be kept confidential and become part of your student record held in the Student Development Office.

Each completed application is reviewed by the Special Housing Group. The decision of the committee is considered final.

### **Required by All Applicants**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Period of Request: \_\_\_\_\_

Current Housing Assignment: \_\_\_\_\_

Phone Ext: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Your responses to all questions must be typed on a separate page and attached to this document.**

### **Background Information:**

1. Do you grant the Special Housing Group access to your medical records on file in Health Services / Counseling for consideration of your request?
2. Outline your housing history while at college.
3. Have you discussed with Health Services / Counseling or other campus resources (your advisor, your coach etc.) the issues related to your housing request?

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**Please answer the questions on the back that are relevant to your request.**

**Select the Appropriate Category**

### **Exemption Applicants:**

- A. Why do you feel an exemption from college housing is directly related to your academic and social success at Earlham?
- B. Earlham is proud of its community and encourages your connection to it. How do you plan to stay in touch with your support group on campus and continue to stay connected with the Earlham College community?

### **Single-room Applicants:**

- A. Why do you feel a single room is directly related to your academic and social success at Earlham?
- B. Which of Earlham's services have you used to address your concerns? What action(s) have you taken independently?

### **Other Request and Room Change Applicants:**

- A. What are you specifically requesting? What are the circumstances the Special Housing Group should take into consideration?

\*\*\* Please return the completed application, along with any supporting documentation to the Assistant Director of Residence Life, located in the Student Development Office, or Drawer 195.



Office of Residence Life  
Assistant Director  
801 National Road West  
Richmond, IN 47374  
TEL: 765 983-1317  
FAX: 765 983-1552

## Documentation to support a Special Housing Application

Your patient named below is a student at Earlham College and is requesting a special housing assignment based on medical need. Earlham College is a small, residential campus that requires its students to live in community as outlined by its housing policy. Nonetheless, the College recognizes that living in community is difficult for some students and has procedures to consider exceptions to its housing policy, reviewed on a case-by-case basis.

The College requires supporting documentation from an appropriately licensed professional that outlines how a special housing assignment supports the medical and/or psychological need of a student. This form has been designed to simplify the process. Please be aware that a diagnosis of a medical and/or psychological condition in and of itself does not automatically qualify a student for a special housing assignment.

The information you provide will be kept confidential and become part of the student's records held in the Student Development Office. Please return the completed form to the above address. In addition to the requested information, you may attach any other information you believe is relevant to the student's special housing request. Contact the student or the Assistant Director of Residence Life with questions or concerns. Thank you for your assistance.

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Date of Diagnosis (below): \_\_\_\_\_

### ICD9 Diagnosis:

\_\_\_\_\_

### DSM-IV Diagnosis:

Axis I: \_\_\_\_\_

Axis II: \_\_\_\_\_

Axis III: \_\_\_\_\_

Axis IV: \_\_\_\_\_

Axis V (GAF score): \_\_\_\_\_

1. Please check all relevant items below that contributed to your diagnosis *adding any brief notes that you believe might be helpful to us as we review this request.*

Structured or unstructured interviews with the person him/herself

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- Interviews with other persons
- Behavioral Observations
- Developmental History
- Educational History
- Medical History
- Neuro-psychological testing and date(s) of testing
- Psycho-educational testing and date(s) of testing
- Standardized or unstandardized rating scales
- Other (Please specify)



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6. Is there anything else you want us to know about the student's status? You may attach additional documentation as needed.

### **CERTIFYING PROFESSIONAL\***

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

License Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**\*The diagnosing professional must have expertise in the differential diagnosis of the documented medical condition and follow established practices in the field.**