Special Accommodation Needs in Residence Request Form

If you have questions about this form, please contact us at resdesk.utm@utoronto.ca. This form is to be completed by the student; parents or guardians are asked to provide assistance only where required. If making a special accommodations request on medical grounds, a regulated health practitioner will be required to complete and sign the relevant portion of the form.

Forms will still be accepted after the application deadline, however, to increase the variety of options available to meet your accessibility request, it is strongly recommended to submit before/on the application deadline.

STATEMENT OF PRIVACY

The University of Toronto respects your privacy. The information on this form is collected pursuant to section 2(14) of the University of Toronto Act, 1971. It is collected for the purpose of administering admission, residence room assignment, residence supports, and university-related student activities. At all times it will be protected in accordance with the Freedom of Information and Protection of Privacy Act. If you have questions, please refer to http://www.fippa.utoronto.ca/ or contact the University Freedom of Information and Protection of Privacy Office at 416-946-7303, McMurrich Building, room 201, 12 Queen’s Park Crescent West, Toronto, ON, MSS 1A8.

STUDENT INFORMATION

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<th>Student Number</th>
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SECTION A – REQUEST TYPE

Please indicate type of special accommodation request:

- Housing offer (i.e. you require a space in residence due to medical reasons)
- Specific room style, without modifications (i.e. wheelchair accessible unit, unit with access to kitchen due to allergies, etc.)
- Room modifications (i.e. shower handlebars, lower desk or bed, etc.)

Type of room styles, for reference only. For full descriptions, visit our website:
http://utm.utoronto.ca/housing/residence-housing-communities

1. Single Bedroom, Traditional
2. Single Bedroom, Townhouse
3. Single Bedroom, Premium Townhouse
4. Single Bedroom, Suite Style
5. Double Bedroom, Premium Townhouse
6. Double Bedroom, Suite Style

For the related request, please indicate on what grounds the request is being made:

- Dietary Restrictions/Allergies – complete section B only
- Religious – complete section B only
- Medical – complete section B & C
  Please note: a diagnosis alone does not automatically mean a disability-related accommodation is required.
- Other – you will be redirected to the Appeal Form if you are making a request under any grounds other than dietary, medical, or religious.
SECTION B – REQUEST DESCRIPTION

Please outline below the basis of your special accommodation request. Be as detailed as possible as this information will be used to reach a decision regarding your request. Attach any supporting documentation. Use an additional sheet if you need more space. If you are submitting a request on medical grounds, you are required to have a regulated health practitioner complete and sign section C of this form.

RELEASE OF INFORMATION

I, (please print full name here) __________________________________________, hereby authorize the above and below named professional to provide the following information to Student Housing & Residence Life at the University of Toronto Mississauga and, if required, to supply additional information relating to the provision of my residence accommodations and disability-related services. I authorize that this information may be forwarded to the Manager/Disability Advisor of the AccessAbility Resource Centre and if food allergies/diet restrictions are indicated, to the Manager, Retail Planning, Development and Operations for consultation. I am also aware that if building modifications are required, this information will be shared with the staff in the Facility Resource Department.

________________________________________________________________________
Signature

________________________________________________________________________
Date

FOR OFFICE USE ONLY

☐ Granted  ☐ Denied  ☐ Partially Granted  ☐ Additional Information Required

Administrative Notes

________________________________________________________________________
Admin staff initials

________________________________________________________________________
Date Signed
SECTION C – MEDICAL CERTIFICATE IN SUPPORT OF ACCOMMODATION REQUEST

TO BE COMPLETED BY A REGULATED HEALTH PRACTITIONER

This patient is requesting disability-related supports and accommodations while living in residence at the University of Toronto Mississauga. In order to consider the request, the student is required to provide the University with documentation, which is:

- Completed by a licensed health-care professional;
- Thorough enough to support the accommodations being considered or requested.

The provisions of all reasonable accommodations and services are assessed based on the current impact of the disability on residence living.

Important Note to Health Practitioner: A diagnosis alone does not automatically mean a disability-related accommodation is required. The following sections will help our admissions team decide which unique residence style will best support the student based on the detailed information that is provided. What is most helpful is a description of the concern that you have and we will determine the space that will best accommodate and support that concern. For example, “Please place in Oscar Peterson Hall” does not provide adequate information allowing us to best support that student.

How long have you been treating this patient? _______________________________

STATEMENT OF DISABILITY

Please indicate (✓) the appropriate statement for this patient, in the current academic year (August 2018-May 2019):

- Not a disability in the current residential setting for this academic year
- Permanent disability
- Temporary disability with anticipated duration from DD/MM/YYYY to DD/MM/YYYY
  - If unknown, please indicate reasonable duration for which s/he should be accommodated/supported at this time: ___________ (e.g. number of weeks, months)

ORIGINS OF DISABILITY

Please indicate (✓) the appropriate statement for the origin of this patient’s disability:

- Acquired
  - Please specify: ____________________________________________________________
  - Date of Motor Vehicle Accident: DD/MM/YYYY
- Congenital
- Genetic
- Other: ____________________________________________________________

DIAGNOSIS AND CONCURRENT CONDITIONS

If the patient does not permit the disclosure of the diagnosis, please verify that a disability is present. There will be some instances where a diagnosis is required to establish eligibility for specific residence supports. Please note all conditions that need to be considered in providing the appropriate housing support:

Mental Health Disability:

Vision:
Hearing:

Medical:

Other (including diet and food allergies that may effect the patient’s housing placement):

**IMPACT ON DAILY LIVING AND ACADEMIC FUNCTIONING**

Physical Impacts:

Cognitive Impacts:

**SUPPORT/ACCOMMODATIONS RECOMMENDED**

What supports are necessary/recommended for the patient’s residence accommodation on campus?

Any additional comments that may help us best support this patient in housing at the university.
HEALTH CARE PRACTITIONER INFORMATION

Name of Health Practitioner (Please print): ___________________________________________

Facility name and address (Please use office stamp. Do not use prescription pads):

Health Practitioner Signature: ______________________________________________________

License Number: ______________________

Date: DD/MM/YYYY  Telephone Number: ________________________________