Personalized Accommodation Needs in Residence Request Form

UTM Student Housing & Residence Life strives to offer an equitable and inclusive community, both in principle and in practice and are committed to accommodating students with disabilities in accordance with the Ontario Human Rights Code. The accommodation process under the Code is intended to remove identified barriers so students with disabilities have the same right as other students to participate in residence life with dignity and independence.

This form does not replace the Residence application. Students must still apply and submit the residence application fee by the required deadline for their accommodation request to be considered. When forms are received, the Residence Admissions office will contact you confirming that your accommodation has been approved or that we require further information to complete our assessment. Requests received after the deadline will be considered on a priority basis only if space is available.

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

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.fiopa.utoronto.ca/ or contact the University Freedom of Information and Protection of Privacy Office at 416-

STUDENT INFORMATION

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<th>Student Number</th>
<th>First Name</th>
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RELEASE OF INFORMATION

I, (please print full name here) ________________________________, hereby authorize the above and below named practitioner 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
SECTION A – REQUEST TYPE

This section is to be completed by the student. This form does not guarantee a space in residence, nor does it guarantee an accommodation. The accommodation process is not intended to address transition-related stress, ensure students are within a certain proximity to specific campus services (e.g., libraries, athletics facilities, etc.) or ensure students are placed amongst other students studying similar courses/programs.

For the related request, please indicate on what grounds the request is being made:
- Dietary Restrictions/Allergies – complete section A only
- Religious – complete section A only
- Medical – complete section A & B.

*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.

Please indicate type of personalized accommodation request*:
- Service Animal (further documentation will be required)
- Wheelchair Accessible unit
- Ground Floor Access
- Kitchen Access
- Single Room
- Semi-Private Bathroom (Private Bathrooms are not available)
- Lowered Bed/Desk
- Accessible Bathroom (shower handle bars, shower chair etc.)
- Carpeted Flooring
- Non-Carpeted Flooring
- Allergen Free (specify allergies below)
- Vision/Hearing Impaired Fire Safety Features
- Access for Personal Support Worker
- Other: ______________________________________

*Please note: this is a list of the ways in which we are able to accommodate in residence. If there is an accommodation request outside of this list, please contact our Residence Services Desk at resdesk.utm@utpronto.ca for more information.

Please outline the basis of your personalized accommodation request.
Attach any supporting documentation if necessary.
SECTION B – 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 practitioner;
- Thorough enough to support the accommodations being considered or requested.

The regulated health care practitioner who completes this form will be asked to use their assessment and detailed knowledge of the students’ disability or medical condition to describe the functional impact of that disability or medical condition.

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 2019-May 2020):

☐ 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)

FUNCTIONAL LIMITATIONS

We will be relying on your knowledge of the student’s disability or health condition and resulting functional limitations to determine accommodations for this student in the residence setting. Please note student preferences that are not related to the disability or health condition are outside the scope of this form.

IMPACT ON DAILY LIVING AND ACADEMIC FUNCTIONING

Please describe how the functional limitations impact the type of personalized accommodation request selected in Section A:

[Blank space for description]
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: _______________________