

DISABILITY HOUSING ACCOMMODATIONS PROCEDURES & GUIDELINES COLUMBIA COLLEGE AND COLUMBIA ENGINEERING UNDERGRADUATE 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 having guaranteed housing status at Columbia College or Engineering.
- 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.
- Columbia College and Columbia Engineering Students must re-apply for disability housing accommodations each year and submit new disability documentation.

Procedures for Requesting Housing Accommodations:

1. Students must follow general housing procedures, and should consult Columbia Housing for this information (<http://www.columbia.edu/cu/housing/> 212.854.2946).
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, Columbia Housing, and Residential Programs, 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. **Incoming first year Columbia College and Columbia Engineering students:** May 1st for the Fall semester and November 1st for the Spring semester
 - b. **New Columbia Engineering Combined-plan Transfer students:** June 30th for Fall semester and November 1st for Spring semester.
 - c. **All other Columbia College and Columbia Engineering students:** February 1st for the following Fall semester and November 1st for the Spring semester

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:** Columbia College and Columbia Engineering undergraduates who have been approved for disability housing accommodations are not eligible to participate in the Housing Lottery/Room Selection process and will receive a housing assignment with the approved accommodations. Please note that housing assignments are binding for the applicable housing period. A student who requests disability housing accommodations through this process cannot decline an assignment in favor of Room Selection participation. Requests for room changes to another location will be considered during the Columbia Housing transfer period(s).

Students requesting to live with a roommate or a group of students in suite style housing must indicate this on their *Request Form for Disability Housing Accommodations* and identify by name the students they wish to live with.

6. **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 Columbia Housing (<http://www.columbia.edu/cu/housing/> 212.854.2946) for information about 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 COLLEGE AND COLUMBIA ENGINEERING STUDENTS**

Please refer to the *Disability Housing Accommodations Procedures* for the complete process for requesting disability-related 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: _____

Current Academic Status:

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> First Year | <input type="checkbox"/> SEAS Combined Year 1 |
| <input type="checkbox"/> Sophomore | <input type="checkbox"/> SEAS Combined Year 2 |
| <input type="checkbox"/> Junior | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Senior | |

Please specify your disability: _____

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

Disability Accommodations Requesting:

- | | |
|---|---|
| <input type="checkbox"/> Single Room | <input type="checkbox"/> Semi-private Bathroom |
| <input type="checkbox"/> Wheelchair Accessible Unit | <input type="checkbox"/> Private Bathroom |
| <input type="checkbox"/> Flashing Alarm | <input type="checkbox"/> Service or Assistance Animal |
| <input type="checkbox"/> On campus unit - South Field area (Hartley-Wallach, Furnald, John Jay, or Carmen buildings) | |
| <input type="checkbox"/> Close proximity to campus (within 3 block radius of College Walk, 116 th St between Broadway and Amsterdam) | |
| <input type="checkbox"/> Air conditioned building (seasonal air conditioning, May – October) | |
| <input type="checkbox"/> Year-round air conditioning (in-room controllable window unit) | |
| <input type="checkbox"/> Accessible building (no steps at building entrance, elevator, and accessible common areas) | |
| <input type="checkbox"/> Partially accessible building (elevator building or ground floor unit with no steps at entrance) | |
| <input type="checkbox"/> Limited accessible building (some steps at building entrance, elevator building or ground floor unit) | |
| <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Other: _____ | |

If you have a service or assistance animal, which you plan to have live with you in Columbia housing, please answer the following questions if applicable. 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:

Students approved for housing accommodations will not be eligible to participate in the Room Selection process and will receive a housing assignment with the approved accommodations. Please note, however, that Columbia's first priority is to accommodate disability-related housing needs and then to meet housing style preferences.

Please indicate your preferred housing style:

- Corridor
- Suite

If you prefer living in the Learning Living Center, a Special Interest Community, or in fraternity or sorority houses, you must be approved by the Office of Residential Programs. For the Intercultural House, you must be approved by the Office of Multicultural Affairs. Approved accommodations will be coordinated with these offices. Please indicate if you are applying to any of these programs:

- | | |
|---|--|
| <input type="checkbox"/> Living Learning Center | <input type="checkbox"/> Intercultural House |
| <input type="checkbox"/> Special Interest Community | <input type="checkbox"/> Fraternity/Sorority |
| Specify: _____ | Name: _____ |

Please indicate any preferences for roommates (include Name and UNI):

1. _____
2. _____
3. _____

Please note that if you indicate a preference for roommates and are approved for housing accommodations, you and your roommates will be required to sign a waiver indicating that they are electing to live with you and are agreeing to opt out of the Room Selection process.

Please indicate your preferred residence halls:

1. _____
2. _____
3. _____

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:

- Visual Impairment/ Blind
- Deaf or Hard-of-Hearing
- Sleep Disorder

- Physical/ Mobility
- Psychological
- Other: _____

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 or assistance animal
- I am not able to use stairs independently
- I am able to navigate a limited number of steps/stairs
 - o Specify general number tolerable: _____

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: _____

- Academic Year
- Temporary Dates: _____

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

Date and initials: _____

Student Acknowledgement Form/Confidentiality

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 with and the information you provided. This information will help Disability Services (DS) determine next best steps, if applicable.

Name of University official(s): _____

Information provided: _____

Accommodations:

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
- Advising Dean/Deans
- Faculty/Administrators
- Athletics department
- Other school officials

Disability Services adheres to the confidentiality standards described in the University's [Policy on Access to Student Records under the Federal Family Educational Rights and Privacy Act \(FERPA\)](#). Under this University policy, prior written consent by the student may be required before DS may release disability documentation and/or records to others depending on circumstances.

Please note: This document will serve as written authorization under the University's FERPA policy for DS to share information as it deems necessary in order to consider and implement your accommodations.

You understand that this authorization will be deemed effective for the entire period you are studying 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.

Disclosures to Third Parties Outside the University

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.

Mandated Reporting

Disability Services staff are mandated reporters, including in situations where a student expresses intent of harm to self or others, and where a student discloses sexual harassment, sexual assault, gender-based harassment, stalking, and/or dating violence and domestic violence.

Disability Services will contact Counseling & Psychological Services (Morningside) or Student Mental Health Service (CUMC) or Public Safety for students expressing intent of harm to self or others.

Disability Services will contact the Equal Opportunity and Affirmative Action or Gender Based Misconduct for students disclosing any discrimination, harassment, and/or gender-based misconduct.

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. Your signature below also indicates that you understand that DS staff are mandated reporters.

Name of Student (*Please print*) UNI

Signature of Student Date