



Application for Accommodations in SCC Housing

Please complete this form to request an accommodation in SCC Housing. If you require assistance completing this form or wish to make the request orally, please contact the Accessibility Office at Southeastern Community College. Southeastern Community College will keep a record of all requests and they will be maintained in the Accessibility Office for 5 years from date of application.

Name of Student: _____

Address: _____

Home and Cell phone # _____

E-mail: _____

Person Requesting Accommodation: _____

Relationship to student (if different from student): _____

Type of disability / Chronic Medical Condition

Visual Impairment / Blind

Physical / Mobility

Deaf or Hard of Hearing

Psychological

Sleep Disorder

Other

Chronic Health Condition (Specify) _____

Please check all that apply:

I am not able to hear alarms at all times (due to a 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 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

Specify general number tolerable _____

1. Please describe the accommodation(s) you are requesting: _____

2. Please explain why this accommodation(s) is needed. (You do not need to provide detailed information about the nature or severity of the disability): _____

3. If you are requesting permission to have an assistance animal in your dorm – where it is not readily apparent that the animal is a service animal, please answer the following:
- (A) Type of animal: _____
 - (B) Is the animal required because of a disability? Yes No
 - (C) Does the animal for which you are making an accommodation request, perform work or do tasks for you because of your disability? Yes No

If the answer to 3C is Yes

- A. Submit a completed “Medical Professional Guideline for Verifying a Disability” form along with copies of relevant medical history; and
- B. Explain how the animal has been trained to do work or perform tasks that “alleviate” one or more symptoms or effects of your disability or, if the animal lacks individual training, how the animal is able to do work or perform tasks that would “alleviate” one or more symptoms or effects of your disability.

If the answer to 3C is No:

If the animal for which you are making an accommodation request does not perform work or do tasks for you because of your disability, but provides emotional support or alleviates one or more symptoms or effects of your disability, please submit a statement along with this form from a medical professional verifying that:

- A. You have a disability (i.e., a physical or mental impairment that substantially limits one or more major life activities); and that,
- B. The animal will provide emotional support or other assistance that would alleviate one or more symptoms or effects of your disability and how the animal alleviates the symptoms or effects.
- C. SCC may deny a request to keep an assistant animal on the premises: 1. If the animal poses a direct threat (i.e., a significant risk of substantial harm) to the health or safety of other individuals. 2. the animal would cause substantial physical damage to the property of others that cannot be reduced or eliminated by another reasonable accommodation. SCC will base such a determination only upon reliable, objective evidence of the specific animal’s actual behavior or conduct and not on speculation or fear about the types of harm or damage an animal may cause.

4. If you are requesting a different accommodation , please describe here: _____

_____ I do require assistance in case of an emergency exit.

_____ I do not require assistance in case of an emergency exit.

Signature

Date