



## 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 DISABILITY SERVICES OFFICE AT SOUTHEASTERN COMMUNITY COLLEGE. SOUTHEASTERN COMMUNITY COLLEGE WILL KEEP A RECORD OF ALL REQUESTS AND THEY WILL BE MAINTAINED IN THE DISABILITY SERVICE OFFICE FOR 5 YEARS FROM DATE OF APPLICATION.

NAME OF STUDENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE # : \_\_\_\_\_

PERSON REQUESTING ACCOMMODATION: \_\_\_\_\_

RELATIONSHIP TO STUDENT (IF DIFFERENT FROM STUDENT): \_\_\_\_\_

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1. PLEASE DESCRIBE THE ACCOMMODATION(S) YOU ARE REQUESTING:
  
  2. PLEASE EXPLAIN WHY THIS ACCOMMODATION(S) ARE NEEDED. YOU NEED NOT 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 ( FOR EXAMPLE, DOG OR CAT):

(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

(D) IF THE ANSWER TO 3 (c) IS YES:

- A. SUBMIT A COMPLETED "MEDICAL PROFESSIONAL GUIDELINE FOR VERIFYING A DISABILITY" FORM ALONG WITH COPIES OF RELEVANT MEDICAL HISTORY AND
- B. EXPLAIN BELOW HOW THE ANIMAL HAS BEEN TRAINED TO DO WORK OR PERFORM TASKS THAT AMELIORATE 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 AMELIORATE ONE OR MORE SYMPTOMS OR EFFECTS OF YOUR DISABILITY.

(E) IF THE ANSWER TO 3 (c) IS NO:

IF THE ANIMAL FOR WHICH YOU ARE MAKING A ACCOMMODATION REQUEST DOES NOT PERFORM WORK OR DO TASKS FOR YOU BECAUSE OF YOUR DISABILITY, BUT PROVIDES EMOTIONAL SUPPORT OR AMELIORATES 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., YOU HAVE 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 AMELIORATE ONE OR MORE SYMPTOMS OR EFFECTS OF YOUR DISABILITY AND HOW THE ANIMAL AMELIORATES THE SYMPTOMS OR EFFECTS.

(F) SCC MAY DENY A REQUEST TO KEEP AN ASSISTANT ANIMAL ON THE PREMISES IF THE ANIMAL POSES A DIRECT THREAT (I.E., A SIGNIFICANT RISK OF SUBSTANTIAL HARM) TO THE HEALTH OR SAFETY OF OTHER INDIVIDUALS THAT CANNOT BE ELIMINATED OR REDUCED TO AN ACCEPTABLE LEVEL BY ANOTHER REASONABLE ACCOMMODATION, OR IF 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 ANIMALS ACTUAL BEHAVIOR OR CONDUCT AND NOT ON SPECULATION OR FEAR ABOUT THE TYPES OF HARM OR DAMAGE IN ANIMAL MAY CAUSE.

4. IF YOU ARE REQUESTING A DIFFERENT ACCOMMODATION, PLEASE DESCRIBE HERE:

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SIGNATURE

DATE