



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 Services Office at Southeastern Community College. Southeastern Community College will keep a record of all requests and they will be maintained in the Accessibility Office indefinitely.

Name of Student: _____

Address: _____

Telephone Number: _____

E-mail: _____

Person Requesting Accommodation: _____

Relationship to student (if different from student): _____

Type of disability / Chronic Medical Condition

____ Blind or Visual Condition

____ Physical / Mobility Condition

____ Deaf or Hard of Hearing

____ Mental Health Condition

____ 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/hearing condition)

____ 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 of stairs tolerable _____

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

2. Please explain why the accommodation(s) is/are 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 residence hall – where it is not readily apparent that the animal is a service animal, please answer the following:

(A) Type of animal (i.e. dog, cat, etc.): _____

(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:

5. Please select one of the following:

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

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

Signature

Date

Nondiscrimination Statement: It is the policy of the Southeastern Community College not to discriminate on the basis of race, color, national origin, sex, disability, age, employment, sexual orientation, creed, religion, and actual or potential family, parental, or marital status in its programs, activities, or employment practices.

If you have questions or complaints related to compliance with this policy, please contact the Director of Human Resources (employment concerns) at 319-208-5063 or the Dean of Students (student concerns) at 319-208-5101 (student concerns) at 319-208-5049, 1500 West Agency Road, West Burlington, Iowa 52655, equity@scciowa.edu or the Director of the Office for Civil Rights U.S. Department of Education, Cesar E. Chavez Memorial Building, 1244 Speer Boulevard, Suite 310, Denver, CO 80204-3582, Telephone: (303) 844-5695 Facsimile: (303) 844-4303, TDD 800-877-8339 Email: OCR.Denver@ed.gov.

Nondiscrimination statement is pursuant to requirement by Iowa Code §§ 216.6 and 216.9, Titles VI and VII of the Civil Rights Act of 1964 (42 U.S.C. §§ 2000d and 2000e), the Equal Pay Act of 1973 (29 U.S.C. § 206, et seq.), Title IX (Educational Amendments, 20 U.S.C. §§ 1681 – 1688), Section 504 (Rehabilitation Act of 1973, 29 U.S.C. § 794), and Title II of the Americans with Disabilities Act (42 U.S.C. § 12101, et seq.)