

Housing Accommodations



In accordance with Section 504 of the Rehabilitation Act and the Americans with Disabilities Act (ADA), Cabrini University has established procedures to ensure that students with documented disabilities have equal access to campus housing resources and receive housing assignments that reasonably meet their needs as required by law.

According to the ADA, a disability is defined as “any mental or physical impairment that substantially limits the individual in a major life activity compared to the average person.” The opportunity to participate in a learning/living environment is an important part of the Cabrini experience.

Deadlines for submission of completed Housing Accommodations Requests

- First-Year/Transfer - Fall Semester: June 1
- First-Year/Transfer - Spring Semester: Dec. 1
- Current students - Summer Sessions - May 1
- Current students - Fall Semester: March 1
- Current students - Spring Semester: Nov. 15

Students must complete all the following steps by stated deadline, to be considered for housing accommodations:

1. Complete Cabrini’s Housing Application from Residence Life and indicate a preference for accommodated housing.
2. Complete and submit page 2 to ARC
3. Have an appropriate licensed health care provider
Medical/Developmental conditions -Physician, Physician Assistant
Mental Health disability (e.g. Generalized Anxiety Disorder) -Psychologist, Psychiatrist, Licensed Clinical Social Worker.)
complete 3 and 4. The medical professional MUST mail, email or fax the documentation **by the deadline stated. Student is responsible for follow up with Healthcare Provider for timely submission of documents.**
4. Email Kathleen Johnson at kmj72@cabrini.edu to schedule an appointment to discuss housing accommodations.
Please include several available days and times.

*Incomplete application for housing accommodations will not be reviewed

**Student will be notified within 30 days of stated deadline if request has been denied or approved by the Housing Review Team

Please note that a submitted application does not indicate that a student has been approved for housing accommodations.

Requests for housing accommodations are carefully evaluated on a case-by-case basis to ensure equal access.

When reviewing requests for special room assignments because of a disability or medical need, the following concerns receive greatest priority:

- Equipment needs, such as wheelchairs, lifts, and/or adaptive technology
- Medical needs of a personal nature requiring privacy and/or an assistant
 - Cabrini University does not provide personal-care services for students with disabilities, but does recognize the need for some students to arrange for personal attendant care while on campus.

Note about Single-Room Accommodations:

It is important to know that part of a student’s housing privilege is a responsibility to commit to living within a community of other students. Living in the housing community involves being able to negotiate with other students to ensure everyone’s needs are respected. Students who are expecting a large degree of privacy and solitude need to consider if choosing to live on-campus is the best choice for them.

While the committee will review requests for single rooms, the provision of a single room as an accommodation is not common. Single rooms are not guarantees of privacy or of a quiet environment. Single rooms are also not guarantees of an allergen-free environment. A single room will not prevent a student from having to interact and negotiate living arrangements with other students, such as alone time, sleep patterns, and study schedules.

The Housing Accommodations Review Team, comprised of representatives from Health Services, Counseling and Psychological Services, Residence Life, and Accessibility Resource Center (ARC):

- Maintains collected disability-related information in the ARC confidentially to the extent possible and in accordance with federal and state law and regulations
- Reviews all requests for housing accommodations

- Might collaborate with other Cabrini offices to evaluate accommodation requests
- Makes decisions based upon individual student needs and room availability
- Provides email notification of its decision to the student

Housing Accommodations Request: Student



Students with disabilities can request housing accommodations by completing this page and submitting it to:

Accessibility Resource Center, Founder's Hall Room
 95 Cabrini University
 610 King of Prussia Road
 Radnor, Pennsylvania 19087-3698

Fax: 610.902.8441
 Email: arc@cabrini.edu

Today's Date: _____ Semester for the requested accommodation _____

Name _____ ID Number _____

Email _____ Phone _____

Current Residence _____

Class: First-Year Sophomore Junior Senior Graduate

Disability, Health Issue, or Need You Are Disclosing:

Housing Accommodations You Are Requesting:

Please explain why you are requesting these housing accommodations.

By signing this form, I acknowledge that I have read and agreed to the above conditions, and I understand that submission of this form does not constitute approval for housing accommodations. I understand that I am required to re-apply and submit updated documentation for requested accommodation for each academic year.

Signature _____

Date _____

Housing Accommodations Request: Healthcare Provider Documentation



Students with disabilities can request housing accommodations by having a healthcare professional complete pages 3 and 4 of this form. The healthcare professional should then submit it to:

Accessibility Resource Center, Founder's Hall Room
99 Cabrini University
610 King of Prussia Road
Radnor, Pennsylvania 19087-3698

Fax: 610.902.8441
Email: arc@cabrini.edu

Student Waiver:

"I am requesting that information regarding my disability or medical condition be released by (insert name of healthcare provider))

_____ to Cabrini's Accessibility Resource Center, Residence Life, Health Services, and Counseling and Psychological Services."

Student Name _____ Birth Date _____

Student Signature (18 or older) _____ Date _____

Parent Signature (if student is under 18 years of age) _____ Date _____

This form is to be completed by the student's healthcare provider.

The above person is a current or entering student at Cabrini University and is requesting housing accommodations on the basis of disability. Please respond to the following questions about the student's disability to assist Cabrini University.

Is the student currently under your care? Yes No

Duration of Care _____ Date of Most Recent Treatment/Contact _____

Nature of Disability _____

Date of Disability _____ Duration of Disability _____

Name of Healthcare Provider _____

Specialty _____ Phone _____

Address _____

City _____ State _____ ZIP _____

License/Certification Number and State of License _____

Date of Initial Contact with Student _____ Date of Last Contact with Student _____

Diagnosis, Treatment, and Recommendations

Please provide all relevant information on professional letterhead (not a prescription pad) and send to DRC via email ARC@cabrini.edu; fax 610-902-8441 or mail Cabrini University, 610 King of Prussia Road, Radnor, PA 19087.

The following information is required:

- Diagnostic statement with date of initial diagnosis

- Describe the student's **CURRENT** participation in treatment, frequency of contact, present course of treatment, and date of most recent evaluation

- Describe limitations as well as severity

- Describe the **expected duration, stability, or progression of diagnosis**.

- What circumstances might **exacerbate** the student's disability?

- Please describe the **functional limitations** of the condition and how housing accommodations could assist in mitigating limitations.

- Per your medical opinion, what **specific housing accommodations** are **required** related to the student's **disability**? The student's request for a single room : medical requirement or a preference

- Any **additional information** that you feel would be helpful for Cabrini University in evaluating the student's request

I certify that the documentation and statements attached are **true and accurate**:

Professional's Signature _____

Date _____

Please note: General notes or statements without sufficient supporting information may limit Cabrini's ability to process this request. Forms that lack signature or information concerning appropriate provider credentials will not be accepted. Additionally, documentation prepared by parents or relatives of the requesting student is not acceptable.

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