

Student Accessibility and Support Services

Medical Need Request

Single Room, Meal Plan Release, Residential Life Housing Exemption/Contract Release

Shared residential living is an important component to the Emporia State University (ESU) learning experience, particularly for undergraduate students who are required to live on campus. The Kansas Board of Regents (KBOR) mandates students live and dine on campus for the first year in college following high school graduation. Living within a community and learning to share space, be considerate of others, and be exposed to diverse individuals and philosophies are a dynamic part of that college learning experience.

However, Student Accessibility and Support Services (SASS) and Residential Life recognizes that living in a shared space, dining on campus, or living on campus may not be best for all students. SASS provides students with a medical need (medical, psychological, or disability-related) the opportunity to request a single room or meal plan exemption. SASS also provides students with a medical need the opportunity to request an exemption or contract release from the KBOR on campus residency requirement.

Requests for a single room, meal plan release, an exemption, or a contract release will be carefully evaluated based on a student's medical **need**, not a student's **preference**.

Need may include: medical (chronic health impairment, diabetes, migraines, etc.); psychological (depression, bipolar disorder, etc.); or disability-related.

To aid in the process of determining a single room request, an exemption request, or a contract release request based on medical need, a student must complete the appropriate request form.

Each request will require:

- Documentation of need via the completion of a care provider verification. Verification must include:
 - Clear description of the desired housing configuration.
 - Explanation of how the request impacts the need.
 - Consequences of not receiving request.
 - Alternatives if request is not approved.

Preference may include: desire to have a quiet, undisturbed place to study; never had a roommate; lack of privacy, etc.

It is not logical to assume that having a single room in Residential Housing or sharing an apartment/house off campus would provide for a quiet, a distraction-free, or a private space to any appreciable degree. Students who make a request for a single room based on a preference will be placed in a queue for a single room as they become available. Requests will be placed in the queue in the order they are received.

Requests for an exemption or a release based on preference will be granted only in unusual and extenuating circumstances.

Request based on preference are processed via the online "Room Change Request" form.

Requests for a single room, meal plan exemption, an exemption, or a contract release that are approved by SASS do not take effect until the student receives written notification from Residential Life. Students requesting an exemption or contract release should not enter into an off-campus contract/lease until they have received decision notification from SASS and Residential Life.

Definitions:

- <u>Single Room</u> a single room is defined as a sleeping space occupied by only one student. Single
 rooms may include: a single room in dormitory style housing, a double room designated as a single
 room in dormitory style housing, or a private bedroom in a two bedroom or four bedroom apartment
 style housing.
- <u>Exemption</u> an exemption allows a student, who is required to live on campus due to KS Board of Regents policy, to live off campus.
- <u>Contract Release</u> a contract release allows a student who has signed a Residence Hall Occupancy Contract to be released from the contract.

Process:

The Student Accessibility and Support Services (SASS) Medical Need Review Committee will evaluate all requests for medical need housing assignments carefully. To evaluate a request accurately and equitably, sufficient information must be provided to understand how the request relates to the student's current condition and need. Following is the request process and a summary of the factors considered when evaluating medical need requests.

- Complete the attached Medical Need Request form, pages 3 and 4, and return to Student Accessibility and Support Services (SASS).
- Complete the Parts 1 and 2 of attached Medical Need Verification form, page 5, and return to SASS. SASS will forward page 5 with a verification form to the care provider you have indicated.
- The SASS Medical Need Review Committee will review the student request and the care provider verification form. The factors that are considered during the review process include:
 - o Is the impact of the medical need life threatening if the request is denied?
 - o Is there a negative impact if the request is denied?
 - o Is the request an integral part of a treatment plan?
 - Is there a possible impact on academic performance, social development, or student safety if the request is denied?
 - o Was the request made with the initial housing request?
 - Was the request made before the deadline for housing request for the semester in question?
 - o Was the request made as soon as possible after identifying the need?
 - Are there other on campus housing options that would achieve similar benefits as a single room, an exemption, or a contract release?
- The SASS Medical Need Review Committee will make a decision within ten (10) business days of receiving a completed Student Request Form and a completed Care Provider Verification Form.
- The decision may be delayed if additional verification is required from the student's care provider. If the decision is delayed the student will be notified.
- Once a decision is made, SASS will notify and the student via an email. The student will be notified via the student's g.emporia.edu account.

Deadlines:

Medical Need Request must be received by SASS by the last day of the previous semester. For
example, a request for spring semester must be received by the last day of previous fall semester.
A request for fall semester must be received by the last day of the previous spring semester.
Request received after the deadline will be reviewed and granted based on the availability of
appropriate space.

EMPORIA STATE U N I V E R S I T Y

Student Accessibility and Support Services
Campus Box 23
1 Kellogg Circle
Emporia, Kansas 66801-5415
620-341-6637
620-341-6640 fax

Medical Need Request

Single Room, Mea	l Plan Release, Re	sidential Life Housing Ex	emption/Contract Release
Student's Name:			ID#: E
Student's Date of Bi	rth:		
	☐ single room		☐ release I have a housing contract.
	☐ meal plan releas		other need – i.e. provide own bed, etc.
Due to: ☐ medical	need \square psycholo	ogical need	y-related need
	-	ll statements are true and corr mation may result in disciplina	
Student's Signature:	:		Date:
		uesting a single room, meal p	
release from contract			
Have you previously	lived in a shared spa	ace – dormitory, apartment, or	other shared space?
	☐ No be your experience a , psychological health	nd any negative impacts living , or disability.	g in a shared space had on

When did you become aware that you might require a single room, meal plan release, an exemption, or a contract release due to your mental health, psychological health, or your disability?
When did you first seek treatment for your medical condition, psychological condition, or when was your disability diagnosed?
Are you currently under the care of a physician, therapist, or other care provider for your medical health, psychological health, or your disability? Yes
what therapies and/or treatments have they prescribed?
Please provide the SASS Review Committee any additional information that will assist in their review of your request.



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Medical Need Request

Single Room, Meal Plan Release, Residential Life Housing Exemption/Contract Release Verification Form

Part 1 and Part 2 are to be completed by the student and returned to SASS. Part 3 will be completed by student's care provider(s).

	Student's Name:	ID#: E			
	Student's Date of Birth:				
int	I am requesting a: ☐ single room ☐ exemption I do not have a housin	☐ release g contract I have a housing contract.			
e Print	□ other				
Please	Please indicate other need – i.e. release from meal plan, provide own bed, etc.				
- 1	Due to: ☐ medical need ☐ psychological need ☐	disability-related need			
PART 1	I authorize Emporia State University (ESU) Student Accessibility and Support Services (SASS) to receive information from my care provider in order to verify my need for a single room, an exemption, or a control release with ESU Residential Life. I also authorize my care provider to discuss my condition, if needed, with appropriate ESU personnel.				
	By signing below, I affirm that all personal statements are true and misrepresenting facts or information may result in disciplinary actio				
	Student's Signature:	Date:			
Ple	ease provide your care provider(s) contact information below. **Pleas	e check with your care provider - they			
ma	ay require an additional release of information form for their office/clini Primary Care Provider:	C			
	Name:				
	Clinic:				
rint	Address:				
e Pı	City, State:				
SE	Phone: Fax:				
<u>6</u>	Secondary Care Provider (if needed):				
- Please Print	Coccinally Caron Tovidor (in Necdod).				
2 –	, , , , ,				
2 –	Name:				
- 1	Name:				
2 –	Name:Clinic:Address:				
ase	Phone: Fax:				