



## **Documentation for Housing Accommodations**

All Bethany College students requesting disability-related accommodations in relation to housing and meal plans must register with the Office of the Section 504 Coordinator and provide up-to-date, appropriate, and objective documentation that clearly meets the definition of “disability” as provided in the Americans with Disabilities Act of 1990, Section 504 of the Rehabilitation Act of 1973, and/or any other applicable federal or state law.

Determinations on reasonable housing and meal accommodations will be based on the documentation submitted to the Office of the Section 504 Coordinator at the time of the student’s application and meeting with the Office.

To be approved for a housing or meal accommodation at Bethany College, you must complete the following:

1. **Register** with the Section 504 Coordinator’s Office by submitting a Housing and Transportation Accommodation Application, which can be found on Bethany College’s Accessibility Services website.
2. **Submit a completed Licensed Professional Questionnaire** with a licensed professional who is credentialed in the area related to the diagnosed condition for which the accommodation is being requested. Documentation provided must not be more than one year old.
3. **Meet with the Section 504 Coordinator or their designee.**

If a Housing Accommodation is authorized, the Section 504 Coordinator will notify the Office of Residence Life who will then work with the student to find a reasonable and appropriate housing arrangement.

The following documentation in itself is not sufficient to authorize a housing accommodation, but may be provided to assist in determination of reasonable academic accommodations.

- Individualized Education Plan (IEP)
- 504 Plan
- Psychological Test results

Please submit all documentation to the Section 504 Coordinator.



Submit this form and all other documentation to the Section 504 Coordinator:  
**Khali M. Carpenter**  
[kcarpenter@bethanywv.edu](mailto:kcarpenter@bethanywv.edu)  
Fax: (304) 829-7788

**Licensed Professional Questionnaire – Housing and Other**  
**Updated July 2022**

**To be completed by the student:**

Student Name: \_\_\_\_\_

I request that the following information from my licensed professional be used as documentation of my request for a housing accommodation. I understand that this documentation will be reviewed by Bethany College’s Section 504 Coordinator. By signing below, I verify that the information provided below has been submitted by my treating licensed professional and is accurate to the best of my knowledge.

By signing below, I understand that if my housing or meal accommodation request is authorized by the Section 504 Coordinator, the Coordinator will then notify the office of Residence Life. Housing placement is determined by Residence Life and is contingent upon availability. Specific rooms, halls, or roommates may not be considered accommodations.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To be completed by the licensed professional:** (you may attach additional pages as necessary)

Provider: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

License Number: \_\_\_\_\_ Office Name: \_\_\_\_\_

1. What is the student’s diagnosis and date of diagnosis?
  
  
  
  
  
  
  
  
  
  
2. Is the student/patient currently under your care?  Yes  No
  - a. If so, duration of care?

- b. Date of most recent contact?
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3. What major life activities are limited due to this disability?
  
  
  
  
  
  
  
  
  
  
  4. Describe how this disability affects the student's life functioning, specifically in relation to the student's housing and/or dining experience.
  
  
  
  
  
  
  
  
  
  
  5. What specific recommendations for accommodations do you have regarding housing and/or meal plan assignments? Indicate if any recommendations are medically necessary.
  
  
  
  
  
  
  
  
  
  
  6. Please include any other information that might be helpful in working with this student/patient.

**Licensed Professional's Signature:** \_\_\_\_\_

**Licensed Professional's Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_