2019-2020 Petition for Medical Single

Petitions are due no later than 4:00 PM on Thursday, March 14, 2019 to the Office of Residential Life
Late Petitions will be automatically waitlisted

INSTRUCTIONS

A limited number of rooms (27) have been designated as single occupancy (based on square footage) and **these single rooms are only available in Ingham (3), Seaton (8), Wesley (4 for first-year students, 10 for returning students), Dean (1), and Whitehouse (1) Halls**. Approval of petitions for these rooms will be based on the Medical Single Room Petition Committee's ruling on the establishment of need. Priority is given to students who need a room based on a medical condition, an emotional or psychological reason, and/or a learning disability.

****If requests exceed the number of available rooms designated as medical singles, students will be wait-listed based on need priority deemed by the Medical Room Petition Committee. ****

Students must reapply every year for a medical single room. Students who were approved for a medical single room during the 2018-2019 academic year in the form of a single occupancy room are not guaranteed approval for a special housing accommodation from one academic year to the next.

The attached petition is divided into two sections. The first section requests general information that the student completes. The second section contains a form that requests the appropriate documentation of conditions to support the request, specifically the following information:

1. The diagnosis of condition and the date of diagnosis.
2. The list of symptoms of condition and severity.
3. Explain current medications, therapy, or treatments currently in use to control symptoms and the current degree of effectiveness as related to this petition.
4. The list of any factors in the student's living environment that impact the severity of the symptom picture and expected outcome.
5. Suggestions for any living accommodations that may assist the student in dealing with symptoms.

The second section must be completed by a physician or an appropriate professional with knowledge of the condition or need that is the basis of the request and the student's condition, but who is NOT related to the student. You must also submit a note from the appropriate physician on their professional letterhead. Both sections and the note must be submitted **together (by the student)** no later than the deadline noted above on this application.

It is also suggested that students who regularly participate in Albion College's support services, sign a release of information form with the appropriate department in which the student is a regular client (for example, Counseling Services, Learning Disability Services) so that the College staff who serve on the Medical Single Room Petition Committee may discuss the applicant's request with the support service Director familiar with a student's situation.

Documentation supporting a request will be reviewed by the Medical Single Room Petition Committee. All information is considered confidential and will be reviewed and discussed for the sole purpose of this petition process. Listed below are *some* of the factors we consider when evaluating housing requests.

Severity of the Condition:

- Is there a negative health impact that may be permanent if the request is not met?
- Is the request an integral component of a treatment plan for the condition in question?

Feasibility and Availability:

- Is space available that meets the students' needs?
- Are there other effective methods or housing configurations that would achieve similar benefits as the requested configuration?

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Section I: General Information

(To be completed by the student)

Name (Last/First): _____, _____ Student #: _____

Email: _____@albion.edu Cell Phone: (_____) _____ - _____ Permanent Phone: (_____) _____ - _____

Are you currently living in a medical single room based on a medical, emotional, psychological, and/or learning disability need?

- ☐ Yes
- ☐ No

Which semester are you applying for a Medical Single? (*Please check only one.*)

_____ Fall Semester 2019 *only* _____ Spring Semester 2020 *only* _____ 2019-2020 Academic Year

I am applying for a Medical Single room. If assigned, I understand that in Medical Singles rooms all furniture must remain in my assigned room.

I understand that based on my lottery number, I may be offered a designated medical single in a building I do not desire to live in. If I decline this offer, I will be added to the wait-list and should participate in other aspects of the Room Sign Up Process.

Student Signature: _____ Date: _____/_____/_____

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Release of Albion College Information

I, _____, hereby authorize the exchange and release of the following confidential information below to Albion College staff for the purpose of determining my eligibility for special housing accommodations.

Student Signature: _____ Date: _____/_____/_____

_____ Health Services _____ Counseling Services _____ Learning Support Center
(*Check all that apply.*)

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Office of Residential Life Use Only		
Decision: (Initial) Approved _____ Denied _____	Date:	Date Received:
Assignment: _____		

Section II: Supporting Information

(To be completed by appropriate professional.)

Client/Patient's Name: _____ Date: _____/_____/_____

Release of Medical Information (Not Albion College)

I, _____, hereby authorize the exchange and release of the following confidential information below to Albion College staff for the purpose of determining my eligibility for special housing accommodations.

Student Signature: _____ Date: _____/_____/_____

The individual listed above has requested special housing accommodations from Albion College based on a special need. To determine if the individual is eligible for the requested special housing accommodation, the college requires current comprehensive documentation to be completed by a physician or appropriate professional familiar with the student's condition and history.

1. **Diagnosis and date of diagnosis.**

2. **List current medications, therapy, or treatments the student is currently using to control symptoms and current degree of effectiveness.**

3. **List symptoms of condition and severity.**

Symptom of Condition	Severity of Symptom

4. **List any factors in the student's living environment that impact the severity of the symptom picture and expected outcome.**

Living Environment Factor	Symptom	Outcome

5. **Please suggest any living accommodations that may assist the student in dealing with symptoms. Indicate the relationship between the accommodation and current symptom. Include a statement of the level of need for the accommodation.**

Is there any additional comments or information that you feel the committee should be aware in terms of the outlined condition or need?

Physician/ Medical Prof. Signature: _____ Date: _____/_____/_____

PHYSICIAN / MEDICAL PROFESSIONAL INFORMATION

Name (Last, First, Title) _____, _____, _____

Address (Street, City, ST, Zip): _____, _____, ____, _____

Phone#: (_____) _____ - _____ **Email:** _____@_____._____

Fax#: (_____) _____ - _____ **License#:** _____

Please Return to:
Albion College: Office of Residential Life
Ferguson 124
611 E. Porter Street
Albion, MI 49224
Phone: 517/629-0224; Fax: 517/629-0197; Email: reslife@albion.edu