



University of Pittsburgh

Disability Resources and Services

140 William Pitt Union
Pittsburgh, Pennsylvania 15260
Voice: 412-648-7890
Fax: 412-624-3346
www.drs.pitt.edu

Housing/Dining Accommodation Request Form

(To be completed by a treatment provider. This form is offered as a guide. DRS will review all formats of documentation submitted.)

Directions for Treatment Provider:

- For **Housing accommodation requests** complete Part I and Part II of this form.
- For **Dining accommodation requests** complete Part I, Part II, and Part III of this form.
- Include additional relevant documentation that describes the current impact of the student's condition.
- Return the Housing/Dining Accommodation Request Form or alternate documentation to your patient or directly to Disability Resources and Services (contact information on final page).

Part I:

Student Name:

Date of Birth:

Student Status:	Incoming First Year	Transfer	Upper-class
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THIS SECTION MUST BE COMPLETED FOR FORM TO BE VALID

Treatment Provider who completed this Form:

Name (Please Print):

Credentials:

License or Certification Number:

Phone:

Signature:

Date:



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Part II:

Accommodations are only available to students identified as having a disability. **A disability is defined under the Americans with Disabilities Act as “a physical or mental impairment that substantially limits one or more major life activities.”**

1. Based on this definition, does the individual have a disability? No Yes

Date of original diagnosis:

Date of most recent evaluation:

Is this student currently under your care? No Yes

2. State the student’s disability diagnosis and diagnostic code.

3. Describe the **frequency, duration, severity, and progression** of the disability.

4. Please state the specific recommendations for reasonable Housing and/or Dining accommodations.

5. Is the impact of the disability life threatening if the accommodation request is not met?

No Yes, please explain:

6. Is there a negative health impact that may be permanent if the accommodation request is not met?

No Yes, please explain:

7. Is the accommodation request an integral component of a treatment plan for the condition?

No Yes, please explain:



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Part III:

Your patient is seeking dining accommodations due to a medical condition. Students seeking dining accommodations must have a diagnosis that makes these dietary modifications medically necessary. Accommodations will not be made regarding personal food preferences.

Food Allergies:

Patient is allergic to: (Please check all that apply.)

Dairy

Soy

Eggs

Tree Nuts

Fish

Wheat/Gluten

Peanuts

Other, please specify:

Shellfish

If there is another medical condition that requires dietary accommodations, please specify details here:

Diet Prescription:

1. Please provide a list of food items that must be omitted from your patient's diet and a list of safe and appropriate substitutions.

2. Length of time dietary accommodations will be required

Ongoing

Temporary Start Date:

Temporary End Date:

Submit completed documentation either directly to your patient or to DRS office:

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