

VERIFICATION OF NEED FOR HOUSING ACCOMMODATION

Student Name _____ Birthdate: _____

I am requesting a housing accommodation through the Student Disability Services (SDS) at UCSF. Current documentation of my disabling condition is required as one of the criteria used to evaluate my eligibility for disability related accommodations or services. Please respond to the following questions as soon as possible and return to me or send to SDS by email. I authorize the Student Disability Services at UCSF to contact you if clarification is needed.

Student Signature _____ Date _____

Mental Health Provider name (print) _____

Title _____

Phone _____ Fax _____

Organization & address _____

The area below must be completed by the Health Care Professional listed above

1. Is this individual currently under your care? Yes No
 - a. If so, when did you last see him/her?

2. Does this individual have a qualifying disability that impacts one or more major life activities? Please do not state a specific diagnosis. Yes No

3. What are the client's current functional limitations that would affect them in student housing?

LIMITATIONS	LEVEL OF SEVERITY				
	Mild	Moderate			Severe
_____		1	2	3	4 5
_____		1	2	3	4 5
_____		1	2	3	4 5
_____		1	2	3	4 5

4. In your professional and objective opinion, please recommend any accommodations you believe necessary for this individual in student housing:

5. Please speak to the relationship between the individual's disability and how the requested accommodation is necessary to afford the individual with a disability equal opportunity to use and enjoy a dwelling or housing opportunity:

Signature of Treatment Provider _____

License # _____ **Date** _____

Thank you for your cooperation. You may email your report to SDS at StudentDisability@ucsf.edu. Please call (415) 476-6595 if you require additional information. Please attach any additional reports or relevant information. *All information on this form will remain confidential in accordance with the Family Educational Rights and Privacy Act (FERPA).*