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500 Parnassus Ave., Room MU100 San Francisco, CA 94143 tel: (415) 476-6595 StudentDisability@ucsf.edu | sds.ucsf.edu

VERIFICATION OF NEED FOR HOUSING ACCOMMODATION

| Student Name | Birthdate: | | | | | |
|--|---|--------------------------------|---|---------------------|---------------------------|------------------|
| I am requesting a housing accommodation the Current documentation of my disabling condition my eligibility for disability related accommodations as soon as possible and return to me Disability Services at UCSF to contact you if you want you | ition is requir lations or serv ne or send to | ed as o vices. Pi SDS by | ne of the lease res _l email. I d | criterio bond to | a used to e the follow | evaluate wing |
| Student Signature | Date | | | | | |
| Mental Health Provider name (print) | | | | | | |
| Title | | | | | | |
| Phone | Fax | | | | | |
| Organization & address | | | | | | |
| The area below must be completed | by the Healtl | n Care I | Professio | nal list | ed above | |
| Is this individual currently under your care? `a. If so, when did you last see him/her? | Yes No | | | | | |
| Does this individual have a qualifying disabili | ty that impac | ts one | or more | major li | ife activiti | es? Please |
| do not state a specific diagnosis. Yes No |) | | | | | |
| What are the client's current functional limit | ations that w | ould af | fect then | n in stu | dent hous | ing? |
| LIMITATIONS | | LEVEL OF SEVERITY | | | | |
| | Mild | | Modera | te | Severe | |
| | | 1 | 2 | 3 | 4 | 5 |
| | | 1 | 2 | 3 | 4 | 5 |
| | | 1 | 2 | 3 | 4 | 5 |
| | | 1 | 2 | 3 | 4 | 5 |

| | cense #Date |
|----|--|
| Si | gnature of Treatment Provider |
| 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: |
| | necessary for this individual in student housing: |
| 4. | In your professional and objective opinion, please recommend any accommodations you believe |

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).