# Documentation for Housing and/or Dietary (Meal Plan)

# Accommodation Request

(To be completed by an established healthcare professional NOT related to the student - completed form **MUST** accompany any letters)

Student name: _____ Date of Birth: _____

Health Care Provider's Name: _____

Health Care Provider's credentials: _____

License or Certification Number: _____

Please note: Gustavus ensures equity for all students including equal access for students with disabilities. As a four-year residential college, learning to live in a community and share space with others is an integral part of students' educational experience. **A standard housing assignment is a two-person sleeping room where bathroom facilities are located on the same floor, but not in the room, and with access to a communal kitchen.** There are numerous campus locations that provide quiet spaces for studying.

Accommodation adjustments are made to facilitate equal access, **they are not intended to ensure a preferred or desired environment.** To establish a medical need for housing accommodation, unless the disability and the disability-related need for the accommodation is obvious and apparent, documentation of the disability is required.

The student named above has applied to stay or is staying in a residential facility on the College campus. When it is not obvious that an individual is disabled or requires a requested accommodation/modification, the College needs to verify the same. We would appreciate your cooperation in answering the questions on this form and returning it as directed at the end of the form. The student has consented to the release of information, as noted on the separately attached Consent for the Release of Private Information signed by the student.

The student has requested the following accommodation/modification:

_____

_____

_____

Please answer the following questions (please attach additional pages if space is required):



**Department of Residential Life**
DIRECT 507-933-7529 | FAX 507-933-6197
reslife@gustavus.edu or gustavus.edu/reslife

## Definition of "Disabled"

Under federal law, an individual is disabled if he/she has a physical or mental impairment that substantially limits one or more major life activities; has a record of such an impairment; or is regarded as having such an impairment. The term major life activities include those activities that are of central importance to daily life, such as seeing, hearing, walking, breathing, performing manual tasks, caring for oneself, learning and speaking. The three factors influencing a determination of substantial limitation are 1) the nature and severity of the impairment, 2) the duration or expected duration of the impairment and 3) whether the impairment is characterized as permanent or long-term. **Please be aware, a medical diagnosis by itself does not establish a need or an entitlement to accommodations under Section 504 or ADA. Therefore, the documentation required extends beyond the medical diagnosis and encompasses the key elements of a person's disability.**

## Information Requested:

All questions below must be completed by a qualified healthcare provider (a physician, physician assistant, advanced practice nurse practitioner, psychologist, or other licensed mental health providers) with expertise in the area of concern. The health care provider must be an impartial evaluator who is not a family member and has an established history with the student.

1. ICD-10/DSM-5-TR primary diagnoses_____
    a. What is the date of the onset of the current episode? _____
2. Are you the student's primary care provider? ❑ Yes ❑ No
    a. How long has the student been under your care for this condition? _____
    b. Have you examined the student for the disability relating to their request for a reasonable accommodation? ❑ Yes ❑ No
    c. If yes, please provide date(s) of examination: _____

    _____
3. Would you or someone from your practice/organization be willing to discuss this matter with us if additional information or clarification is necessary? ❑ Yes ❑ No
4. Name and phone number of contact person: _____

    _____



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5. Does the student require medical/therapeutic equipment? ❑ Yes ❑ No

   If yes, please explain:_____

   _____

   _____

6. Current medications (if applicable to diagnosis above): _____

   _____

7. If applicable, how has the described medication affected the student's symptoms or functioning?

   _____

   _____

   _____

8. Does the diagnosed condition rise to the level of a disability (according to the definition noted above)? ❑ Yes ❑ No

   If yes, what is the specific disability? _____

   _____

9. Does the impairment substantially limit a major life activity as compared to most people in the general population? ❑ Yes ❑ No

10. What is the severity of the medical condition(s)? ❑ Mild ❑ Moderate ❑ Severe

11. What is the expected duration of the medical condition or disability?
    - ❑ Long term: 3-12 months or longer
    - ❑ Short term: 60-90 days
    - ❑ Temporary: less than 60 days

12. Is the medical condition? ❑ Acute ❑ Chronic ❑ Episodic

13. Describe a minimum of one major life activity of the student that limits their ability to function due to the student's diagnosed disability? _____

    _____

    _____



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14. What function(s) of college life in a residence hall setting is the student having trouble performing or accessing because of their diagnosed disability? _____

_____

_____

15. Given the standard housing assignment described on p.1, please describe and provide rationale for any modifications you are recommending to accommodate the students' disability. Please also explain how the modifications you recommend would assuage the functional limitations of the student's underlying condition.

_____

_____

_____

16. If you are recommending a single room, please indicate whether and how there are any risks associated with isolation:

_____

_____

_____

**<u>If the accommodation does not involve any dietary components, please skip to the last page.</u>**

## <u>Request for Dietary Accommodation*</u>

Gustavus Adolphus College is a residential campus and we are committed to full inclusion of students with disabilities into every aspect of college life. Students living in residential housing must sign up for a meal plan. Students with food allergies or other conditions that limit what they can and cannot eat will be reasonably accommodated in our Dining Service.

Please note that exemptions from the meal plan are rare and will only be considered on a case-by-case basis. They are made solely on documented health conditions that require special diets that cannot be accommodated by the College's Dining Service. *If the student is requesting a release from the meal plan requirement, the student should be aware that dietary restrictions do not always constitute a valid reason for canceling a meal plan contract.* If Dining Service is not able to accommodate the student's special diet based on their documented health conditions, only then would a meal plan exemption be considered.



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*Request for dietary accommodation does not apply to students with specific food preferences based on lifestyle choices, ex. vegans, vegetarians. A variety of options are available in the Dining Service for those who choose to eliminate certain foods from their diet.

17. **(Dietary Accommodation ONLY)** Using as much space as needed, please describe the type, severity, and frequency of symptoms currently experienced by the student, and how the disability interferes with eating or dining in college facilities.

_____

_____

_____

- ❏ Life threatening/anaphylaxis (Student carries an epi-pen)
  - ❏ Due to airborne contact
  - ❏ Due to cross-contamination
  - ❏ Due to ingesting food, only
  - ❏ Other (please specify)

- ❏ High sensitivity, no anaphylaxis
  - ❏ Due to airborne contact
  - ❏ Due to cross-contamination
  - ❏ Due to ingesting food, only
  - ❏ Other (please specify)

18. Describe the requested meal plan accommodation. Please explain how the requested accommodation is necessary to allow equal access to the College's meal plan and dining facility. If requesting an exemption from the meal plan, how will not eating in the cafeteria help to alleviate adverse effects of this condition?

_____

_____

_____

In addition, mark all that apply.

- ❏ Gluten-free menu options
- ❏ Dairy and lactose-free options
- ❏ Vegetarian menu options
- ❏ Vegan menu options
- ❏ Specialized diets for gastrointestinal diseases (e.g. Crohn's, Celiacs, Colitis, IBS, etc.)
- ❏ Menu-planning consultation with Dining Services Dietician
- ❏ Other (please describe any modification(s) you believe are necessary; specify other food allergies, sensitivities and/or conditions in questions below)
- ❏ Exemption from meal plan



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19. Dietary Allergens/Intolerances Form

**Each column MUST be completed for a respective allergy by a healthcare provider.**

| Item | Allergen(**A**) Or Intolerance (**I**) | Ingestion (**I**) and/or Cross Contact (**C**) | Type of Reaction | Evidence Based Method used to Determine Diagnosis AND Date of Testing |
|---|---|---|---|---|
| Corn | **A** ☐ **I** ☐ | **I** ☐ **C** ☐ | | |
| Eggs | **A** ☐ **I** ☐ | **I** ☐ **C** ☐ | | |
| Fish | **A** ☐ **I** ☐ | **I** ☐ **C** ☐ | | |
| Fruit (specify below) | **A** ☐ **I** ☐ | **I** ☐ **C** ☐ | | |
| | | | | |
| Gelatin | **A** ☐ **I** ☐ | **I** ☐ **C** ☐ | | |
| Gluten | **A** ☐ **I** ☐ | **I** ☐ **C** ☐ | | |
| Milk | **A** ☐ **I** ☐ | **I** ☐ **C** ☐ | | |
| Oats | **A** ☐ **I** ☐ | **I** ☐ **C** ☐ | | |
| Peanuts | **A** ☐ **I** ☐ | **I** ☐ **C** ☐ | | |
| Sesame | **A** ☐ **I** ☐ | **I** ☐ **C** ☐ | | |
| Shellfish | **A** ☐ **I** ☐ | **I** ☐ **C** ☐ | | |
| Soy | **A** ☐ **I** ☐ | **I** ☐ **C** ☐ | | |
| Spices (specify below) | **A** ☐ **I** ☐ | **I** ☐ **C** ☐ | | |
| | | | | |
| Tree Nuts (specify below) | **A** ☐ **I** ☐ | **I** ☐ **C** ☐ | | |
| Other: | **A** ☐ **I** ☐ | **I** ☐ **C** ☐ | | |



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20. What special diet is required because of this medical condition? Please include a definitive listing of foods that must be avoided and substitutions (use additional sheet, if necessary). Please be very specific. This will be used to assist in accommodating the students' needs.

_____

_____

_____

21. Please identify any other accommodation(s) that may be equally effective in allowing the resident to use and enjoy Gustavus Adolphus College's Dining Service:

_____

_____

_____



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## To be completed for ALL Accommodation Requests

22. What are the potential alternatives if meeting your primary recommendation is not possible?

_____

_____

_____

Documentation will be kept in a confidential file available only to the members of the housing accommodation committee, whose recommendations are based on whether the medical documentation meets the above guidelines. The committee may seek additional information or clarification from the provider as needed.

I certify that I have reviewed the Request for Housing and/or Dietary (Meal PLan) Accommodation paperwork submitted and have reviewed it in its entirety. I have met with the student and discussed strategies for managing medical/mental/dietary concerns and feel accommodations are warranted based on my expertise.

**Signature of Health Care Provider: _____ Date:_____**

**Please include/attach a business card or official letterhead with documentation**

**Submit completed form to:**

Director of Residential Life
Gustavus Adolphus College
800 West College Ave
St. Peter, MN 56082

E-MAIL: reslife@gustavus.edu
FAX: 507-933-6197