



University of Pittsburgh

Disability Resources and Services

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

Housing/Dining Accommodation Request Form

(To be completed by a health care professional. The health care professional need not use this specific form. This form is offered as a guide. DRS will review all forms of documentation submitted.)

Information for Health Care Professional:

- We will accept documentation from a health care professional who has personal knowledge of the student consistent with their professional obligations. So that we may better evaluate the request for this accommodation, please complete this form in its entirety.
- The information completed on this form will be reviewed to determine:
 1. That the student is a person with a documented disability;
 2. That the requested accommodation is necessary to afford the student an equal opportunity to use and enjoy the on-campus housing and/or dining facilities; and
 3. That there is an identifiable relationship between the disability and the requested accommodation.
- 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.
- Return the completed Housing/Dining Accommodation Request Form or alternate documentation to the student or directly to Disability Resources and Services (contact information on final page).

Part I:

Student Name: _____

Date of Birth: _____

Student Status:	Incoming First Year	Upper-class	Transfer
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Health Care Professional Who Completed This Form:

Name (Please Print): _____

Type of License: _____

License Number: _____

Contact Information (phone and/or email): _____

Signature: _____

Date: _____

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 student have a disability? No Yes
2. Date of initial consultation: _____
3. Date of most recent consultation: _____
4. Is this student currently under your care? No Yes
5. Please describe the student’s impairment(s) and explain how these impairments substantially limits the student's ability to perform one or more major life activity.
6. Please state the specific recommendations for reasonable Housing and/or Dining accommodations.



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7. Please explain how the recommended accommodation (s) is necessary for the student to use and enjoy University housing and/or dining facilities.

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

No Yes

9. If you answered "Yes" to #8, please explain:

Part III:

This student is seeking dining accommodations due to a disability. 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:

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

Dairy

Soy

Eggs

Tree Nuts

Fish

Wheat/Gluten

Peanuts

Other, please specify:

Shellfish

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

No Yes

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

No Yes

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



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Diet Prescription:

1. Please provide a list of food items that must be omitted from the student'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: _____

Please submit completed documentation either directly to the student or to the DRS office:

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