



OFFICE OF RESIDENCE LIFE  
APPLICATION FOR HOUSING AND MEAL PLAN ACCOMMODATION

As I am requesting a Housing or Meal Plan Accommodation disability related reasons, I grant permission for Daemen College Health Services and my provider(s) to release any information related to my accommodation needs to:

Office of Housing and Residence Life  
Daemen College  
4380 Main Street  
Amherst, NY 14226

The information will be kept confidential; however, members of the Accommodations Committee will review amongst each other and consult with other professionals as necessary.

Student Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Treating Provider (s): \_\_\_\_\_

Provider's Phone: \_\_\_\_\_

**TO:** Health Care Professional  
**FROM:** Accommodations Committee

The above named student has indicated that you can provide supporting documentation and clarification of his/her needs regarding disability related housing and meal plan accommodations on Daemen College's Campus. Currently, all first-years are housed in double or triple rooms and use a shared bathroom with 4 other students. Furthermore, all residential students are required to have the College meal plan. The information you provide will be reviewed by the Accommodation Committee to determine and approve necessary accommodations. Please be as detailed as possible. Thank you for your assistance with this matter.

Submit all forms by mail, fax or email:  
Office of Housing and Residence Life  
Daemen College  
4380 Main Street  
Amherst, NY 14226  
Tel: 716.839.8200  
Fax: 716.333.0288  
Email: accommodations@daemen.edu

**Health Care Professional Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The following page is to be completed by the Health Care Professional.

To be completed by What is the diagnosis of the condition for which this student is requesting accommodation?

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Please state the rationale for the student's disability related accommodations request: (including prognosis ie: temporary v. permanent)

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How long has this patient been in your care? \_\_\_\_\_

Please describe current treatment, therapies, interventions, medications Daemen College should be aware of:

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In your professional opinion, what Accommodations should be considered as they relate to this student's condition?

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