

Earlham College is a small, residential campus that requires its students to live in community as outlined by its housing policies. Campus housing is more than a place to sleep and shower; it is a dynamic community of students living, learning, and growing together. It is the College's expectation that students living in campus housing will be active members of their residences and participate fully in campus life. Nonetheless, the College recognizes that, in some cases, living in community can be difficult for some students and has procedures in place to consider exceptions to its housing policies.

Special housing is viewed as part of an active treatment plan. The College requires supporting documentation from an appropriately licensed professional that outlines how a special housing accommodation supports your medical needs. Please be aware that a diagnosis of a medical condition or disability does not automatically qualify you for a special housing assignment. Special Housing assignments are considered to be temporary in nature, and must be reapplied for each academic year. Students needing a more permanent accommodation should contact the Academic Enrichment Center to discuss disability accommodations as they apply to housing.

### **Application Deadlines**

All application materials for the upcoming (next) academic year must be received by the Office of Residence Life by the following dates in order to process your request.

**Returning Students: March 1st prior to the academic year requested**

**Incoming New Students (Fall Start): June 1st prior to the academic year requested**

**Incoming New Students (Spring Start): November 1st prior to the Spring semester requested**

*Late applications may be considered at the sole discretion of the Special Housing Review Group if a student demonstrates that extenuating and uncontrollable circumstances prevented her/his timely application.*

### **Directions**

Students requesting consideration for a special housing assignment at Earlham College must submit the Application for Special Housing. The application must be completed in full at time of submission; including supporting documentation. Partial or incomplete submissions will not be reviewed.

The application and all supporting documentation should be returned to the Office of Residence Life. Submissions may be hand delivered, mailed, or faxed; email submissions are not accepted. Any information you provide will become part of your student record, which is maintained by the Student Development Office.

**Submit completed applications to:**  
**Office of Residence Life**  
**Earlham College Drawer #195**  
**801 National Road West**  
**Richmond, IN 47374**

**Fax: 765.983.1552**

*This page is for your information and should not be submitted with your final application.*



**OFFICE of RESIDENCE LIFE  
APPLICATION for SPECIAL HOUSING**

**APPLICANT INFORMATION**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Period of Request:     Academic Year                       Fall Only                       Spring Only

Student ID# \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

**Your responses to all questions must be typed on a separate page and attached to this document.**

1. Please provide a clear description of the special housing accommodation you are requesting.
2. Why do you feel this accommodation is necessary for your academic success?
3. From your perspective, please describe the daily activities that you feel are adversely impacted by your condition as they pertain to housing.
4. Please describe what you have done/attempted to address this need prior to applying for special housing.
5. From your perspective, please describe in detail how a special housing accommodation will address those issues.
6. Are there any unique or unusual circumstances the Special Housing Review Group should take into consideration when reviewing your application?

*Please return the completed application and all supporting documentation to the Office of Residence Life.*

**Documentation in Support of Special Housing Application**

Your patient named below is a student at Earlham College and is requesting consideration for a special housing assignment based upon medical and/or psychological need. Earlham College is a small, residential campus that requires all students to live on campus as outlined by its housing policies.

As part of the application review process, the College requires supporting documentation from an appropriately licensed professional that outlines how a special housing assignment supports the active treatment of the medical and/or psychological needs of the student. Please be aware that a diagnosis of a medical and/or psychological condition in and of itself does not automatically qualify the student for a special housing assignment.

The information you provide will be shared with members of the Special Housing Review Group, and become part of the student's record held in the Student Development Office at Earlham College. Please return the completed form to the student. In addition to the requested information, you may attach any other information you believe is relevant to the student's special housing request. Thank you for your assistance.

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Date of Diagnosis (below): \_\_\_\_\_

**ICD-10-CM Diagnosis:** \_\_\_\_\_

**DSM-IV Diagnosis:**

**Axis I:** \_\_\_\_\_

**Axis II:** \_\_\_\_\_

**Axis III:** \_\_\_\_\_

**Axis IV:** \_\_\_\_\_

**Axis V (GAF score):** \_\_\_\_\_

1. How long has this student been a patient in your care? \_\_\_\_\_

2. State the actual diagnosis/condition and the manifest symptoms. Please explain in lay terms the medical/psychological rationale for the student's special housing accommodations request:

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2a. How long has the patient had this condition? \_\_\_\_\_

2b. What is the severity of the condition? \_\_\_\_\_

2c. In the past year, how many times have you treated this student for this condition? \_\_\_\_\_

2d. How long is this condition likely to persist? \_\_\_\_\_

3. How frequently is the student affected by this condition?

\_\_\_\_\_ Daily \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Seasonally \_\_\_\_\_ Other (Please Specify)

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4. Has the student ever been hospitalized or subject to in-patient treatment as a result of the condition? If so, when was the last hospitalization/in-patient treatment and what was the length of stay?

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5. List all medications, including OTC and non-medication treatment, which the student is currently using to manage this condition. Include dosage, frequency and adverse side effects.

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5a. Are there any significant limitations to the student's functioning that is directly related to the prescribed medications? \_\_\_\_\_No \_\_\_\_\_Yes  
If yes, please describe:

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6. Which daily activities are limited by the impairment and how are the activities limited by the impairment?

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7. How many days did the impairment limit activities during the past year?

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8. What factor(s) improve and/or exacerbate this condition?

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9. What is the expected duration of the impairment?

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10. State specifically what special housing accommodations you recommend and what benefits these accommodations will have with regard to the individual's impairment.

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11. If the requested accommodation is not possible, what alternative accommodations can address the stated needs?

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