

Fax or send completed documentation by the deadline date specified below to:  
Fax: +1 519-661-3687 ATTN: **Residence Admissions Office**, Ontario Hall Room 3C10, 230 Sarnia Road, London, ON N6G 0N2

Western Housing makes every reasonable effort to accommodate the needs of our residents who are members of a protected group and/or fall under a protected ground of discrimination as per human rights law and Western's policy on Non-Discrimination and Harassment. Most often, we are able to consider housing assignment requests based on cultural or creed-based reasons (i.e., Indigenous, spiritual or religious practices); sexual orientation and/or gender identity and expression; and disability (medical or health needs, including allergy).

Final room assignments are determined by the Division of Housing and Ancillary Services according to the level of resident's need(s), in conjunction with an appraisal of the residence options available to accommodate the student's need.

We require specific information in order to evaluate how we can best meet your accommodation needs. Please complete **Part A** of the form below. Should you be seeking accommodation based on disability, please ensure that a qualified health care professional, who is familiar with your needs and can substantiate your request, completes **Part B**. Please ensure all requests are completed in full, in accordance with process outlined on our website ([https://residence.uwo.ca/applying/key\\_steps/index.html](https://residence.uwo.ca/applying/key_steps/index.html)). Failure to do so, may mean your request is unable to be considered.

**Food and Environmental Allergies:** All of our residences can accommodate the needs of students with common food or environmental allergies. Students who identify their dietary needs as a medical or health factor to be considered may be assigned to one of our largest residences where the menu options are the most extensive. Hospitality Services will be notified of all students who indicate food allergies on this form. In addition, students with severe food allergies are strongly advised to contact Hospitality Services ([nutritionservices@uwo.ca](mailto:nutritionservices@uwo.ca)) prior to arriving or upon arrival.

**Documentation:** All documentation submitted is kept strictly confidential. Information regarding a student's disability may be shared with Student Accessibility Services (SAS) for placement purposes only, and/or Hospitality Services, in the case of a special dietary need. Other campus units such as Campus Police, Fire Safety, or Residence Life, may be notified if a health condition warrants special evacuation procedures to support a student living in residence.

**Student Accessibility Services:** All students with disabilities are strongly encouraged to register with SAS ([www.sdc.uwo.ca/ssd/](http://www.sdc.uwo.ca/ssd/)) before the academic year commences. If you provide SAS with information that you believe would be helpful to your residence room assignment, please provide SAS with permission to share the pertinent information with Residence Admissions. SAS may also be able to provide you with information about other disability-related services that may be of assistance to you at Western.

**Long Mattress Requests:** Standard mattresses throughout our housing system are 80" in length, the same length as a typical Queen or King mattress. Historically we have found that students who are 6'6" tall or shorter have found the standard length mattress to be a comfortable size.

While we will do our best to accommodate your needs, it may not be possible to provide accommodation in every situation. Some students may find that Western cannot adequately meet their housing needs and may pursue accommodations off-campus.

#### ACCOMMODATION REQUEST DEADLINE DATES

First-Year Students: **June 3, 2020**

Upper-Year Students: **March 27, 2020**

Requests received after the deadline will be considered on a priority basis only if space is available.

**PART A: TO BE COMPLETED BY STUDENT**

Student: \_\_\_\_\_  
(last name) (first name) (middle name)

Western ID #: \_\_\_\_\_ Faculty: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Upcoming Year of Study:  First-Year  Upper-Year  
(yyyy / mm / dd)

Gender Identity:  Man  Woman  Trans\*  Two-Spirit  I choose not to answer

Another gender identity: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

1) What is your priority accommodation request (single room, no carpet, semi-private washroom, attendant care, etc.)?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PLEASE COMPLETE THE FOLLOWING QUESTIONS, AS APPLICABLE**

2) Is this request based on a health limitation, medical condition, physical challenge or other disability?

Yes  No

If "Yes", please have **Part B** completed by a qualified health care professional. If "No" please complete below, (no additional documentation required):

**Non-Medical Related Accommodations:**

Sexual orientation and/or gender identity and expression

Long mattress - height 6'6" or taller

Cultural or creed-based (i.e. religious or spiritual reasons)

Please indicate any further information you wish to share related to Non-Medical Accommodations:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I have read, understand, and agree to the terms and conditions as outlined on this form.

If I have completed Part B, I also hereby give authorization for you to discuss my circumstances requiring specific residence placement with the recognized professional named in Part B. I also authorize the designated professional to discuss their recommendation(s) if additional information is required. Information provided on this form is confidential.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PART B: SUPPORTING DOCUMENTATION – TO BE COMPLETED BY A QUALIFIED HEALTH CARE PROFESSIONAL** (*Physician, Nurse Practitioner, Psychologist, Therapist, Social Worker, Physiotherapist, etc.*)

A request for accommodation must be accompanied by documentation that supports the request. This part must be completed by a qualified health care professional, who is NOT a friend or relative of the student.

*Accommodations based on sexual and/or gender identity and expression, cultural or religious reasons, or long mattress requests are not required to complete Part B.*

Student's Name: \_\_\_\_\_

Western Student ID #: \_\_\_\_\_

**Accommodations for Physical (Mobility) and Environmental Allergy-Related Needs:**

1) Please indicate specific attributes of housing required for **physical (mobility) and environmental allergy needs:**

- Assistance required in the event of an evacuation
- Attendant care
- Barrier-free (wheelchair accessible) room
- Barrier-free (wheelchair accessible) washroom
- Carpet-free room/suite
- Main floor/elevator accessible
- Specific location
- Strobe light/visual impairment fire alarm

***Specific to physical (mobility) and environmental allergy needs,*** indicate any further information you wish to share regarding this request:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Accommodations for Food Allergies and Non-Physical Needs:**

2) Please indicate specific attributes of housing required by this student for food allergies / non-physical needs:

Required accommodation:	Please explain functional limitation requirement:
Single room:	
Semi-private washroom:	
Access to a kitchen to prepare own meals:	
Other: _____	

**Specific to food allergies / non-physical needs**, indicate any further information you wish to share regarding this request:

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*Hospitality Services will be notified of all students who indicate food allergies on this form. Students will be asked to submit any specific food allergies during the Residence Onboarding Process in late summer.*

### Service and Support Animals

- 3) Does the student require a service animal (as defined in the Section 1 of the Blind Person Rights' Act, R.S.O. 1990, B.7) or is a support animal required for a student's particular disability or medical condition?  Yes  No

If "Yes", then please describe the function the animal performs for the student related to the disability:

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*Service and support animals are permitted in University housing in compliance with Provincial and Federal accessibility laws and you may be asked questions about your service / support animal. You will be asked to provide supporting documentation from a Veterinarian to prove the animal is in good health and is up-to-date on vaccinations. Further, you will be asked to sign a contract indicating that you take full responsibility for the care and wellbeing of the animal and any impact that it has on the residence community. You will be responsible for any costs associated with damages or cleaning as a result of the animal, e.g. steam cleaning.*

**Note to Health Care Professional: Moving to university is more than an academic transition. Please discuss with your patient any care plan required to support their needs in time of change.**

Name of Professional: \_\_\_\_\_ Designation: \_\_\_\_\_ License #: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

[Please place physician / healthcare professional stamp information below]