

Yale Student Accessibility Housing Form

courier  
35 Broadway (Rear), Room 222  
New Haven CT 06511

Student Information

Name: \_\_\_\_\_ NetID: \_\_\_\_\_

Phone number: \_\_\_\_\_ Yale email: \_\_\_\_\_

STUDENT (please sign below before providing it to your provider to complete): **By signing below, I consent to allowing my treatment provider to share any information relevant to my need for an accommodation, as shown on this form, with Yale SAS staff.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The remainder of this form is to be filled out by a health professional who is CURRENTLY TREATING THE STUDENT.

The above-named student has indicated that you are the treatment provider who has suggested that having an accommodation in Yale housing will be helpful in alleviating one or more of the identified symptoms or effects of the student’s disability. Generally, we accept documentation from providers that have a clinical relationship with the student. The named student has signed this form, below, giving written permission to share information in support of this request. If we need additional information, we may contact you later. Thank you

(A person with a disability is defined as someone with “a physical or mental impairment that substantially limits one or more major life activities.”)

**So that we may better evaluate this request, please answer all of the following questions:**

Date of initial contact with student?

Date of most recent formal contact/appointment with student **AND** how often have you seen them in the past 12 months:

Student’s diagnosis(-es) and date of diagnosis (please attach any relevant evaluation):

To the best of your knowledge has any other treatment provider been involved in the student's care for this issue (e.g. YC3, previous therapist, etc.)?

Describe the student's current symptoms, needs/regimen pertaining to medication, therapy or other treatments.

Describe the settings in which these symptoms have been most evident:

Are there crisis episodes or hospitalizations related to the student's condition? If yes, please describe.

Describe the impact of the student's functional limitations and the impact of these in a residential housing setting. How does the limitation rise to the level of a disability and impact the student in a residential college environment?

**Please sign below and return to Yale Student Accessibility Services (SAS) by email [sas@yale.edu](mailto:sas@yale.edu) or fax at 203-432-0825**

Name and Title: \_\_\_\_\_

Area of Expertise: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

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

License information: \_\_\_\_\_