



April 10, 2008

OFFICE FOR STUDENTS WITH DISABILITIES
405 HILGARD AVENUE
LOS ANGELES, CA 90095-1426

Dear Student,

The Disabled Students Housing Appeals Board (DSHAB) may be able to make a recommendation to the Housing Assignment Office for a student with a disability or medical condition who requires specific housing accommodations. Students must have applied for housing via the housing website at www.housing.ucla.edu. Additionally, students appealing for housing must be eligible for university-owned housing and meet deadlines and payments as established by Housing Services.

To appeal housing through the DSHAB, students must submit three DSHAB forms to the OSD:

- the Information Form -- which only takes a few minutes to complete.
- the Disability Assessment Form which needs to be completed by a physician, clinician or other specialized evaluator (not a relative of the applicant). *Students with Learning Disabilities who have already provided the OSD with documentation, do NOT need to complete a Disability Assessment Form.*
- the Accommodation Requirements Form, which only takes a few minutes and needs to have the evaluator's signature.

These forms are available at www.osd.ucla.edu/Forms.htm or by contacting the OSD at (310) 825-1501.

Students must also write a self-statement addressing:

- ❖ the nature of the limiting effects of their disability.
- ❖ how university-owned housing will meet their documented disability-based needs.
- ❖ how their education would be jeopardized without university-owned housing.

In general, students with permanent disabilities or medical conditions who have had previous DSHAB recommendations and have had no change in their disability or medical condition do not need to submit an updated Disability Assessment Form. Continuing students should include the Information Form, the Accommodation Requirement Form and the self-statement.

The DSHAB members review the documents to determine whether or not a recommendation for university-owned housing should be made to the Housing Assignment Office. Students will receive a letter from the DSAHB stating the outcome of the review. If the DSHAB makes a recommendation, the DSHAB Chair sends a letter stating the recommended accommodation (s) to the Housing Assignment Office and the student. If denied, the OSD can, upon request, provide more information on housing options or services.

Sincerely,

Ed McCloskey

Ed McCloskey
Asst. Director, Office for Students with Disabilities (OSD)
Chair, Disabled Students Housing Appeals Board (DSHAB)

UCLA Disabled Students Housing Appeals Board
INFORMATION FORM

Name _____ Sex _____

Student ID Number _____ Age _____

Permanent Address _____

Phone: Permanent _____ Local _____ Cell _____

e-mail address _____

Local Address _____

Current Housing Assignment _____

(If you do not have a housing assignment, please write NONE)

Appealing for _____

(Please be specific: Which Residence Hall, suite or university apartment AND occupancy (double, triple et al))

Sessions and year for which housing is requested _____

Are you? (check all that apply): New _____ Freshmen _____ Sophomore _____

Junior _____ Senior _____ Graduate _____ Transfer _____

Continuing _____ Late Admit _____ Re-Admit _____

Summer School Only _____ Other _____

Date you applied for housing _____

How many years have you lived in any type of UCLA University Housing? _____

Will you have a car at UCLA? _____ Do you have a Handicapped Plate or Placard? _____

I have read the instructions on how to submit an appeal. I have submitted the required forms and my STATEMENT. I give permission for the DSHAB to review all materials and to make inquiries to my medical professional as warranted.

(signature)

(date)

DISABLED STUDENTS HOUSING APPEALS BOARD
UCLA Office for Students with Disabilities
DISABILITY ASSESSMENT FORM

(Student's name)

(Birthdate)

is submitting an appeal to the DSHAB for university-owned housing at UCLA based on a disability or medical condition. The DSHAB requires current and comprehensive documentation. Please respond to these questions as soon as possible and return to either the student or the DSHAB by mail or fax.

Physician/provider name (print) _____ Title _____

License # _____ Phone _____ Fax _____

Organization & address _____

Diagnosis(es) (for students with psychological disabilities, please state the multi-axis DSM-IV classification.

Please code on 5 axes) _____

Diagnosis date _____ Onset of disability _____

Please list procedure/assessments used to make diagnosis _____

Level of severity Mild Moderate Severe

Duration Permanent Chronic/Recurring

Temporary - date disability will end: _____

date of next evaluation: _____

Has the student ever been hospitalized due to the disability/medical condition? Yes No

Briefly describe the functional limitations of the disability or medical condition.

(over)

What treatment and/or medications are currently being used by the student? _____

What impact, if any, does the medication have on the student? _____

How does this condition (or effects of medication) limit the student's ability to learn or meet the demands in a university setting? _____

If the student's condition is asthma, please comment on the frequency and duration of asthmatic attacks.

The student making this request has been assigned _____

and is appealing for _____

How would the student's health be jeopardized if the requested housing is not met? _____

How would the student's education be jeopardized if the requested housing is not met? _____

Signature: _____

Date: _____

Please return completed form either to the student or mail or fax to:

Ed McCloskey, Chair DSHAB

A255 Murphy Hall

Los Angeles, CA 90095-1426

(310) 825-1501 – voice

(310) 206-6083- tty

(310) 825-9656 – fax

ACCOMMODATION REQUIREMENTS FORM

Disabled Students Housing Appeals Board UCLA Office for Students with Disabilities

In order to assess your needs and to better understand your request, the DSHAB asks that you complete and have this form signed by your Physician, LD Specialist, Psychologist, etc. We acknowledge that there is a range of disabilities and that the following represents, but is not limited to, the types of factors to be considered in addressing your disability-based needs for university-owned housing.

<p style="text-align: center;"><i>Assistive Devices</i></p> <p>_____ Power Wheelchair</p> <p>_____ Manual Wheelchair</p> <p>_____ Hospital/Adjustable Bed</p> <p>_____ Shower Curtain</p> <p>_____ Roll-In Shower</p> <p>_____ Air Conditioning</p> <p>_____ Oxygen Tank</p> <p>_____ Ventilator</p> <p>_____ Walker</p> <p>_____ Bedside Commode</p> <p>_____ Crutches</p> <p>_____ Braces</p> <p>_____ Other (Please Specify Below)</p> <p>_____</p> <p>_____</p>	<p style="text-align: center;"><i>Academically Related Devices</i></p> <p>_____ Computer (Disability Based)</p> <p>_____ Printer</p> <p>_____ Visual Tech</p> <p>_____ Kurzweil Personal Reader</p> <p>_____ Scanner</p> <p>_____ Dragon Dictate</p> <p>_____ Braille</p> <p>_____ TDD</p> <p>_____ Special Lamp/Lighting</p> <p>_____ Ergonomic Chair</p> <p>_____ Other (Please Specify Below)</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p style="text-align: center;"><i>Service Animals</i></p> <p>_____ Guide Dog</p> <p>_____ Canine Companion</p> <p>_____ Hearing Ear Dog</p> <p>_____ Other (Please Specify Below)</p> <p>_____</p> <p>_____</p>	<p style="text-align: center;"><i>Personal Attendant Care Requirements</i></p> <p>_____ Live-In 24-Hour Attendant</p> <p style="padding-left: 20px;">_____ must live in my room</p> <p style="padding-left: 20px;">_____ must live in my building, not room</p> <p>_____ Non-Live-In Daily Attendant</p> <p>_____ I would like my roommate to be my attendant</p>
<p style="text-align: center;"><i>Housing</i></p> <p>_____ I must have room of my own. (Please be specific when articulating the reason(s) why a room of your own is required.)</p> <p>_____</p> <p>_____</p>	<p style="text-align: center;"><i>Roommates</i></p> <p>_____ I can have no more than one roommate.</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Comments:</p> <p>_____</p> <p>_____</p>	

Signature: _____ Date: _____
Physician/LD Specialist/Psychologist