



Office of Disability Services(DRAFT)

The University of North Carolina at Charlotte
9201 University City Boulevard | Charlotte, NC 28223-0001
Tel: (704) 687-0040 (V/TTY) Fax: (704) 687-1395 Email: disability@uncc.edu

Housing and Dining Accommodations Request Form

UNC Charlotte makes reasonable housing and dining accommodations for students with documented disability needs. Requests are evaluated on a case-by-case basis. Accommodations are based on access and equal opportunity for participation; not on perceived needs, perceived benefit to the student, or preferences. Neither the presence of a disability nor approval for housing accommodations guarantees on-campus housing. *Do *not* use this form to request an Emotional Support Animal (ESA).*

On-Campus Dining Accommodations: UNC Charlotte Dining Services has numerous options for students with a variety of dietary needs, including vegan and vegetarian options and avoiding gluten stations. Any student may choose to meet with the Campus Dietitian to discuss dietary needs. (check with Dining Services)

- Meal Plans: <https://aux.charlotte.edu/meal-plans>
- Allergy Dining and Intolerances: <https://dineoncampus.com/unccharlotte/allergy-dining--intolerances>
- Campus Dietitian: <https://charlottedining.wixsite.com/ninerseatwell/about>
- Access to a refrigerator and/or microwave can be accomplished without accommodations. Any student may bring their own or rent a MicroFridge unit through Standards for Living. For more information:
 - <https://housing.uncc.edu/campus-living/about-your-room/packing-list>
 - <https://housing.uncc.edu/campus-living/services-and-amenities>
 - <https://standardsforliving.com/school-info/uncc>

Deadlines: Housing accommodation requests should be submitted by May 1st for the Fall semester and November 1st for the Spring semester. Requests received after the deadline will be reviewed but are subject to availability.

Student Completes: (Submit the Entire Form, Student Section + Provider Section)

Student Name: _____ **Student ID#:** _____

Date of Birth: _____

Requesting accommodations for: (Indicate semester/year) _____

Have you been accepted into a residential learning community? **YES** **NO**

If yes, which learning community: _____

**Note that not including your student ID number and date of birth may delay the process*

Treating Medical Provider Completes:

DSM-V or ICD diagnosis: _____

Date of initial diagnosis: _____

Date of most recent office visit: _____

1. Describe the impact of the student’s disability as it relates to on-campus communal living and/or on-campus dining. Include severity and duration of symptoms.

2. Explain in detail how the requested accommodation(s) relate to the student’s disability. Include how the impact of the disability makes the requested accommodation(s) necessary for access to on-campus housing or on-campus dining.

3. If requesting a specific type of bedroom or bathroom configuration, please explain in detail how the requested configuration relates to access.

4. Physical Accessibility of Housing Unit: Review the list below of accommodations that specifically address physical accessibility and check all that are necessary for disability access. *Please note that all Residence Halls have air conditioning.*

4.a. ADA/Wheelchair Accessible Unit is Required

4.b. Specify ADA Shower Style Required (check all that apply):

- Shower with Grab Bars
- Shower Bench
- Wheelchair Accessible Transfer Shower
- Wheelchair Accessible Roll-In Shower
- Adjustable Sliding Bar Shower Head with Hand-Held Shower Wand

4.c. Specify Floor Access/Entry Required: No Stairs Lower floors (some stairs okay)

4.d. Required Housing Equipment for Deaf/Hard of Hearing Students

- Visual Strobe in Unit for Fire Alarm
- Doorbell with a Visual Strobe in Unit (to notify student of guests)

4. Specific Dietary Accommodation Needs

- Specific accommodations are needed related to On-Campus Dining
 - Be sure that answers to previous questions (#1, 2, and 3) detail the student’s dietary needs and the specific accommodations needed.
 - Note that if dining accommodations are requested, the Office of Disability Services generally makes a referral to the Campus Dietitian as an initial step.

5. Personal Care Attendant – This request also requires the student to complete the Personal Care Attendant form, which can be found on our Disability Documentation webpage, linked below.

Attendant* (Link to [Disability Documentation webpage with the Personal Care Attendant Form](#))

6. Other Needs Not Listed:

OTHER:

Medical/Health Care Provider Information:

Print Name of Medical Provider: _____

Signature: _____

Date: _____

License #: _____

Organization: _____

Phone: _____

Submitting the Completed Request Form:

(Submit the Entire Completed Form, Student Section + Provider Section)

New Students:

Students **new** to Disability Services should submit complete form via the [DS Student Portal](#). Must have a NinerNET Student ID number. *Note that medical/healthcare providers cannot access the DS Student Portal.*

Returning Students who Previously Uploaded Documentation to the DS Portal:

Submit completed form directly to Disability Services at disability@uncc.edu or by fax: (704) 687-1395.

Medical/Healthcare Providers:

Providers may return completed form to the student for the student to submit, or may FAX to: (704) 687-1395. *Please be sure the student's University ID number is included on the 1st page.*

By Mail: If mailing information is best, mail to:

Office of Disability Services

UNC Charlotte
9201 University City Boulevard
Fretwell 230
Charlotte, NC 28223-0001