



UNC CHARLOTTE

The University of North Carolina at Charlotte

Office of Disability Services

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

Tel: (704) 687-0040 (V/TTY) Fax: (704) 687-1395 Email: disability@uncc.edu

**HOUSING and MEAL PLAN ADDENDUM
DOCUMENTATION**

This Addendum is required in addition to the accompanying [Documentation Form](#) when a student’s disability results in functional limitations specific to a university residential environment, including meal plans. This form only applies to UNC Charlotte Residences. Accommodations are based upon disability needs and not personal preferences.

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

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

If yes, please indicate the learning community: _____

STUDENTS: Housing accommodation requests must be received by Disability Services at least one week prior to the Housing application deadline. Visit [Housing & Residence Life](#) for application deadlines & the [Office of Disability Services](#) for more information about the accommodation process.

Treating physician or psychologist must complete the following:

1. Provide a detailed information about the Housing or Dietary impact of student’s disability. Include severity of symptoms and those that would affect residential living or diet:

2. Check the applicable box and provide a brief description of the accommodation needed:

- Wheelchair accessible
- Difficulty with stairs-Lower level needed
- Attendant* (See the Personal Care Attendant Form)
- OTHER: _____
- Housing Equipment for Deaf/Hard of Hearing
- Housing Equipment for Blind/Low Vision
- Dietary Restrictions

Description of the specific housing/dietary accommodation(s) needed:

3. Explain how the above accommodation request relates to the student’s disability. Describe what the consequences would be if the accommodation was not provided.

Physician/Psychologist’s Signature

Date

***** Remember to attach the corresponding Medical, Physical, or Psychological Documentation Form *****

