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

   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 ***
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