HOUSING & 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 ***