



**UNC CHARLOTTE**  
**Office of Disability Services**

9201 University City Boulevard | Charlotte, NC 28223-0001  
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**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 applies only to UNC Charlotte Residences. Accommodations are based upon disability needs and not personal preferences.

**Student Name:** \_\_\_\_\_ **Student ID #:** \_\_\_\_\_

Requesting accommodations for: (Indicate semester and year) \_\_\_\_\_

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 and Residence Life](#) for application deadlines and the [Office of Disability Services](#) for more information about the accommodation process.

**Treating Physician or Psychologist Must Complete the Following:**

**1. Provide 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:**

- |  |   |
|--|---|
| <input type="checkbox"/> Wheelchair accessible                             | <input type="checkbox"/> Housing Equipment for Deaf/Hard of Hearing |
| <input type="checkbox"/> Difficulty with stairs-Lower level needed         | <input type="checkbox"/> Housing Equipment for Blind/Low Vision     |
| <input type="checkbox"/> Attendant* (See the Personal Care Attendant Form) | <input type="checkbox"/> Dietary Restrictions                       |
| <input type="checkbox"/> 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 completed Disability Services Documentation Form \*\*\***