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:

   □ 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 completed Disability Services Documentation Form ***

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