

# The Center for Accessible Education (CAE)



## HOUSING ACCOMMODATIONS VERIFICATION FORM

---

# CONTENTS

- 03** Information and Definitions
- 04** What: Student and Provider Instructions
- 05** Section I: Eligibility and Recommended Accommodation
- 06** How: Completing Section II by a Medical Provider
- 07** Section II: Recommended Accommodation Justification
- 08** Section III: Assistance Animal
- 10** Section IV: Contract Terminations
- 11** Medical Provider Signature Page

# INFORMATION AND DEFINITIONS

The University of California, Los Angeles (UCLA) recognizes the importance of providing reasonable accommodations in its housing policies and practices, where necessary, for individuals with disabilities to use and enjoy University-owned Housing. The Housing Accommodations Board, operated through the Center for Accessible Education (CAE), is responsible for evaluating whether to grant or deny requests for reasonable accommodations within University-owned housing.

## Disability

The Americans with Disabilities Act (ADA), Federal, and State housing laws define a person with a disability as a person who has a physical or mental impairment that substantially limits one or more major life activities. This includes people who have a record of such an impairment, even if they do not currently have a disability. It also includes individuals who do not have a disability but are regarded as having a disability.

## Housing Accommodation

A diagnosis does not, in and of itself, qualify a student for accommodations under the Americans with Disability Act Amendments Act (ADAAA). Accommodations are designed to address the barrier(s) caused by any functional limitation(s) related to the condition. In the housing context, a reasonable accommodation is a change in a rule, policy, practice, or service that may be necessary to allow a person with a disability the equal opportunity to use and enjoy a dwelling.

## Qualified Third-Parties

The CAE requires current and complete documentation from the student's reliable third-party. Qualified third-parties may include clinicians which are licensed, non-familial, follow established practices in the field, and are most often physicians, licensed psychologists, psychiatrists, social workers, or licensed therapists.

## Documentation

Documentation must describe the relationship between the functional limitations associated with the requester's disability and justify how the need for the requested accommodation(s) are necessary to afford an equal opportunity to the usage and enjoyment of University-owned Housing.

# WHAT: STUDENT AND MEDICAL PROVIDER INSTRUCTIONS

In order to ensure an accurate and timely review of an applicants request for Housing Accommodations, the applicant may provide a fully completed verification form or a supplemental letter with the information necessary to evaluate the applicants disability eligibility and justification for each requested accommodation. For observable/obvious disabilities, third party documentation may not be required when the accommodation requested is apparent or logical. For more complete and comprehensive information, please refer to the CAE Housing Section of the website and/or the Housing Handbook.

## Applicant Information

### 01 Section I: Determining Eligibility

All applicants must have their providers complete Section I, which asks if your condition currently meet the definition of having a disability.

### 02 Section II: Recommended Accommodation(s) and Justification

All applicants must have their provider list all recommended housing accommodation(s) and produce the justification for each recommendation. If recommending an assistance animal, proceed to section III for justification. If recommending a housing contract termination, proceed to section IV for justification.

### 03 Section III: Assistance Animals

If one of your accommodation requests is for an Assistance Animal, your provider must complete section III.

### 04 Section IV: Housing Contract Termination

If your accommodation requests is for Housing Contract Termination, your provider must complete section IV.

## Medical Provider Instructions

### 01 Section I: Determining Eligibility

All providers must complete Section 1, which asks if, based on your medical opinion, the applicants condition currently meets the definition of having a disability.

### 02 Section II: Recommended Accommodation(s) and Justification

All providers must specify the recommended housing accommodation(s) and produce the justification for each recommendation. Proceed to Section III for Assistance Animal justification. Proceed to Section IV for Housing Contract Termination justification.

### 03 Section III: Assistance Animals

If you are recommending an Assistance Animal as an accommodation, you must complete section III.

### 04 Section IV: Housing Contract Termination

If you are recommending a Housing Contract Termination, you must complete section IV.

# SECTION I: ELIGIBILITY

Student Name: \_\_\_\_\_ UID: \_\_\_\_\_

This request for information regarding my disability is being provided to you in connection with my request for a disability-based housing accommodation with the Center for Accessible Education (CAE) at the University of California, Los Angeles (UCLA). The CAE requires documentation of my disability from a qualified third-party professional as part of the process to determine my eligibility for reasonable housing accommodations for equal use and enjoyment of University-owned Housing. “Qualified third-party professionals” include licensed clinicians whose scope of training and experience include diagnosis and treatment of adults.

## Medical Provider Information

Name: \_\_\_\_\_ Title: \_\_\_\_\_

License #: \_\_\_\_\_ Specialty: \_\_\_\_\_

Contact: \_\_\_\_\_ Fax: \_\_\_\_\_

**Information to Provider** – If this is your first time seeing this patient, please review the patient’s records, if available, in order to provide the following information. If you have not had recent clinical contact with the applicant, or otherwise find that you cannot effectively complete this form, please inform the applicant directly.



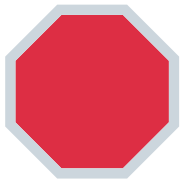
**Required:** Does the applicant seeking a housing accommodation currently meet the definition of having a disability as defined by Federal and State laws? (i.e. the condition is a physical or mental impairment that limits or substantially limits a major life activity; or the individual has a recorded history of having an impairment that limits or substantially limits one or more major life activities; or the individual is regarded as having a disability)

Diagnosis need not be disclosed:

Yes       No       Unsure

**If unsure, please explain why:**

Disability defined by: The Federal Fair Housing Act (FHA), as amended by the Fair Housing Amendments Act of 1988; b) Title II and Title III of the Federal Americans with Disabilities Act (ADA), as amended by the Americans with Disabilities Amendment Act of 2008; c) Section 504 of the federal Rehabilitation Act of 1973 (§ 504); d) California’s Fair Employment and Housing Act (FEHA); e) California’s Unruh Civil Rights Act; f) California’s Disabled Persons Act; and g) California Government Code 11135. Other federal or state fair housing laws may apply in some circumstances.



## Medical Provider: How to Fill Out Section II

Please review the following information before completing Section II on page 7.



I am recommending a housing accommodation that does **not** include an Assistance Animal or a contract termination.



Complete section II by answering questions 1 AND 2 located on page 7.



I am recommending multiple accommodations, **including** an assistance animal.



**First:** Answer questions 1 AND 2 on page 7. **Second:** proceed to complete section III.



I am **only** recommending an assistance animal.



**First:** answer question 1 on page 7. **Second:** skip question 2 on page 7 and proceed to complete section III.



I am **only** recommending a contract termination



**First:** answer question 1 on page 7. **Second:** skip question 2 on page 7 and proceed to complete section IV.

## SECTION II: RECOMMENDED ACCOMMODATION(S) AND JUSTIFICATION

The justification for each recommended accommodation must be produced which specifically describes how the adjustment will provide equal use and enjoyment of University-owned housing. There must be a logical connection clearly describing the relationship between the disability and the accommodation being sought.

Accommodations are designed to address the barrier(s) caused by any functional limitation(s) related to the condition. In the housing context, a reasonable accommodation is a change in a rule, policy, practice, or service that may be necessary to allow a person with a disability the equal opportunity to use and enjoy a dwelling. If more space is required, please attach additional pages to this form.

---

**1** **Required:** Indicate the accommodation(s) you are recommending within the context of Housing:

---

**2** **Required:** Provide the relationship/nexus between the functional limitations associated with the applicant's disability and the need for each requested accommodation(s) as necessary to afford equal opportunity for use and enjoyment of University-owned Housing:

**3** If you feel that you are unable to recommend any specific accommodations as requested, please explain why:

## SECTION III: ASSISTANCE ANIMALS

To protect public health and safety, UCLA regulates the types of animals allowed on University property. State and local regulations provide the basis for University policies intended to protect the campus community from potential health and safety hazards posed by animals brought to campus (UCLA Policy 135). In accordance with the University of California Office of the President, the University does not accept letters from numerous online companies who (in exchange for a fee) purport to offer verification or certification of the need for an emotional support animal. The Housing Accommodations Board will base the reasonableness of the therapeutic relationship as described in the UCLA Housing Accommodation Handbook and Website.

---

**If the applicant is requesting your support for an assistance animal (non-service animal), please respond to the following questions:**

Describe how the animal works, provides assistance, performs tasks or services for the benefit of this individual with a disability, or provide emotional support that alleviates one or more of their identified symptoms or effects of the applicant's existing disability (e.g., how is what the animal performs related to the disabling condition, and what is the difference, with and without, the animal being present).

---

Describe how your therapeutic or medical relationship with the applicant has informed the basis for the conclusion and recommendation for the necessity of an assistance animal within University Housing.



## SECTION III: ASSISTANCE ANIMALS

Continued...

---

Describe any expertise and training you have with regard to therapeutic human/animal interaction.

---

Describe how much of an opportunity you have had in observing the interactions between the person and the animal in question as well as any observations of the animal's behavior around other commonly present animals or persons.

## **SECTION IV: TERMINATION OF HOUSING CONTRACT**

The CAE assesses early university housing contract termination requests on the basis of disability when students believe that continued residence in University- owned housing facilities would jeopardize their health and/or no other reasonable accommodation may be equally effective. To evaluate this request, the CAE requires documentation from a qualified professional as part of the process to determine the reasonableness of being released from a housing contract early as an accommodation.

---

**If the applicant is requesting your support for a university housing contract termination, please respond to the following questions:**

Please provide clear justification how the early release of the student's housing contract is necessary as a reasonable accommodation. What is the relationship between the disability and the request?

---

Can the student's needs be met in other ways (e.g. a change of assignment/change of contract type)?

# **REQUIRED:**

## MEDICAL PROVIDER SIGNATURE

**Thank you for your cooperation. You can FAX this completed document to (310) 825-9656. Please call (310) 825-1501 if you have any questions/concerns. Please attach any additional pages or reports.**

---

Date Signed

---

Clinical/Medical Provider's  
Signature