

Verification Form for Housing Accommodations at OBU

Student's Name: _____ ID# _____

I authorize the ADA 504 Accommodations Coordinator of Ouachita Baptist University (OBU) to receive information from my provider (name)_____. I also authorize my provider to discuss my condition(s) and treatment history with the appropriate and qualified OBU personnel on an as needed basis.

Student Signature: _____ Date: _____

In order to determine reasonable accommodations for housing, OBU requires current and comprehensive documentation of the student's condition from a licensed clinical mental health professional or health care provider. The provider completing this form cannot be a relative of the student. If the space provided is not adequate, please attach a separate sheet of paper. The provider may also attach a report providing additional related information. This form's completion does NOT guarantee that a request will be granted.

The deadlines for current students submitting a request for fall housing accommodations are as follows:

- **April 1st for students in OBU Residence Halls**
- **March 1st for students requesting an OBU apartment**

The remainder of this form must be completed by the licensed clinical mental health professional or health care provider currently treating the student, and who is familiar with the history and functional limitations of the student's condition(s).

Name of professional completing form: _____

Qualifications/Credentials: _____

Relationship to above named student: _____

1) Date of Initial Contact with Student: _____

2) Date of Last Office Visit with Student: _____

3) Diagnosis: Please list all relevant diagnoses. If applicable, please list all DSM 5 or ICD Diagnoses (text and code): _____

4) Approximate onset of diagnosis: ____/____/____

Severity of symptoms: ___mild ___ moderate ___ severe

Prognosis of disorder: ___good ___ fair ___poor

5) For any condition to be identified as a disability, it must create such severe symptoms or restriction to the person's daily functioning that it substantially limits one or more major life activities. Please describe the symptoms related to the student's condition that cause significant impairment in a **major** life activity.

6) If a mental health condition is at the core of the student's disability, please list the interventions that have already been applied to the patient's condition to help alleviate or reduce its debilitating effects,

though with inadequate results, thereby necessitating additional housing accommodations (e.g., psychotropic or other appropriate medications, 6 months of CBT, Exposure Therapy, DBT, EMDR, a modified academic schedule, etc.).

- a) _____
- b) _____
- c) _____
- d) _____
- e) _____

7) Please state the clinician’s specific housing related recommendations, and a rationale as to why each identified accommodation is warranted based upon the student’s disability (if the student suffers from a mental health related disability please give particular attention to how the accommodation will alleviate a specific disabling symptom of the student’s condition).

Thank you for your help in providing this information. Please complete the provider information below. This form should be signed and returned via fax or mail to our ADA 504 Accommodations Coordinator at the address, email or fax number below. All documentation submitted to this office is considered confidential, but may be discussed, as needed for consultation, with the OBU Housing Director and/or the Vice President for Student Development, Wesley Kluck, MD.

Provider Information

I certify, by my signature below, that I conducted or formally supervised and co-signed the diagnostic assessment of the student named above, and that all of the information on this form is accurate.

Signature: _____ Date: _____
Print Name and Title: _____ State of _____
License: _____ License Number: _____
Office Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____

Please return this form to:

Daniel Jarboe
Counseling Services & ADA 504 Coordinator
Ouachita Baptist University
410 Ouachita, Box 3646
Arkadelphia, AR 71998-0001
Phone: (870) 245-5591 **Fax:** (870) 245-5341
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