

Special/Medical Housing Requests

Special/Medical housing requests will be considered on a case-to-case basis according to need with documentation of disability and strong medical support. Following a thorough review, the Director of Counseling, Health and Disability Services in consultation with the Director of Health Services will forward their recommendation to Residential Education.

In general, the following diagnoses may lend themselves to a medical single room housing accommodation:

- Disorders involving muscular degeneration
- Immunodeficiency Disorders
- Sleep Disorder (generally a full sleep assessment including a sleep disorder lab study will be required)
- Crohn's Disease-depending on use on immunomodulating medications
- Migraine headaches-depending on documented triggers

In general, the following diagnoses do not lend themselves to medical single room housing accommodation:

- ADD/ADHD
- Allergies
- Arthritis
- Asthma
- Bipolar Disorder
- Depression and/or Anxiety
- Eating Disorders
- Irritable Bowel Syndrome
- Learning Disabilities
- Migraine Headaches
- Traumatic Brain Injury

Documentation Supporting Medical Single Room Housing

A qualified medical professional must provide a letter (with original signature) that includes a clear statement of the medical diagnosis, the basis for the diagnosis, a description of the treatment plan, patient response and prognosis, as well as the current impact on the disability as it relates to the housing request. The credentials of the diagnosing professional must be listed if not clear from the letterhead. The diagnosing professional may not be a family member.

Medical single room housing requests are not automatically transferable from one academic year to the next and updated documentation stating student progress may be required at the time of renewal requests.

REQUEST FOR SPECIAL/MEDICAL HOUSING ARRANGEMENTS

To: Health Care Provider

Re: _____

A Hiram College student has requested a special housing arrangement for the 2020-21 academic year and has indicated that you are able to provide documentation of this need. Please respond to the following questions on your business letterhead with a provider signature including contact information. Please be aware that portions of this information may be shared with Residential Education and the Health Center in order to consider this student's request. Thank you for your assistance in helping us to give consideration to this student's request.

1. Condition/diagnosis for which special housing is being requested?
2. How has this condition been treated or managed in the past year?
3. How often have you seen this student in relation to this condition during the past year? What is the date of the most recent appointment?
4. What housing configuration are you requesting (i.e., ground floor, single room, etc.)?
5. What are the functional limitations or special characteristics of this condition or disability that may indicate a need for environmental modification or a single room, in a college residential living environment?
6. Is this request an integral component of a treatment plan for the condition?
7. What other options might be considered to assist this person if a particular living environment is not available? Please be aware that there is very limited availability of single rooms, so information about alternative options is important.

Please return this information by mail or fax as soon as possible, but no later than June 30, 2020.

Please return to:

Kevin Feisthamel, PhD, PCC-S, NCC
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