

# **Attesting Professional Supporting Documentation Form**

# for a Student Residence Accommodation Request

### PREAMBLE

McMaster University students with a request for an accommodation need in residence, must submit a completed **Attesting Professional Supporting Documentation Form**. This form can be downloaded from the <u>accommodation request page</u> and must be completed by their Attesting Professional.

Residence Accommodation requests are used for the residence allocation process and are **not** used to grant admission to residence. A request for admission to residence based on the need for a residence accommodation will only be considered if the Attesting Professional presents substantial evidence that the student would otherwise be unable to attend McMaster University.

The Attesting Professional must be an appropriate individual (medical doctor, licensed counsellor, recognized religious official, etc.). This person must be a non-family member.

The Attesting Professional Supporting Documentation Form is used to gather information for the purpose of:

- 1. Confirmation of the accommodation request (e.g., medical, disability etc.).
- 2. Evaluation of functional limitations that may impact the student's residence assignment.
- 3. Recommendations for room types and amenities that will best meet the student's needs.
- 4. Obtaining additional information as it relates to appropriate housing needs.

Completed forms must be returned to the student. The student is responsible to upload the completed Attesting Professional Supporting Documentation Form(s) to their online residence application by the deadline.

Please note to qualify for academic accommodations, the student must register directly with <u>Student Accessibility Services</u>.

If you require assistance or an alternative method to submit your Residence Accommodation request, please contact Residence Admissions staff at (905) 525-9140 Ext. 24342 or by email at resadmissions@mcmaster.ca.



# Attesting Professional Supporting Documentation Form for a Student Residence Accommodation Request

### ATTESTING PROFESSIONAL SUPPORTING DOCUMENTATION FORM

This form is to be completed and signed by the student's Attesting Professional.

If you are in receipt of this form, the student has requested housing accommodations to support their disability, religious, and/or medical need(s) whilst living in residence at McMaster University. The Residence Admissions Team, within Housing & Conference Services, will review this information to assist in:

- Understanding that nature of the student's situation/condition that precipitates the request for specific accommodation needs.
- Understanding the functional limitations, the student may have that necessitates a residence accommodation request and that may impact their residence assignment.
- Understanding which room types and building amenities you deem applicable to the needs of the student.
- Determining eligibility for reasonable housing accommodations.

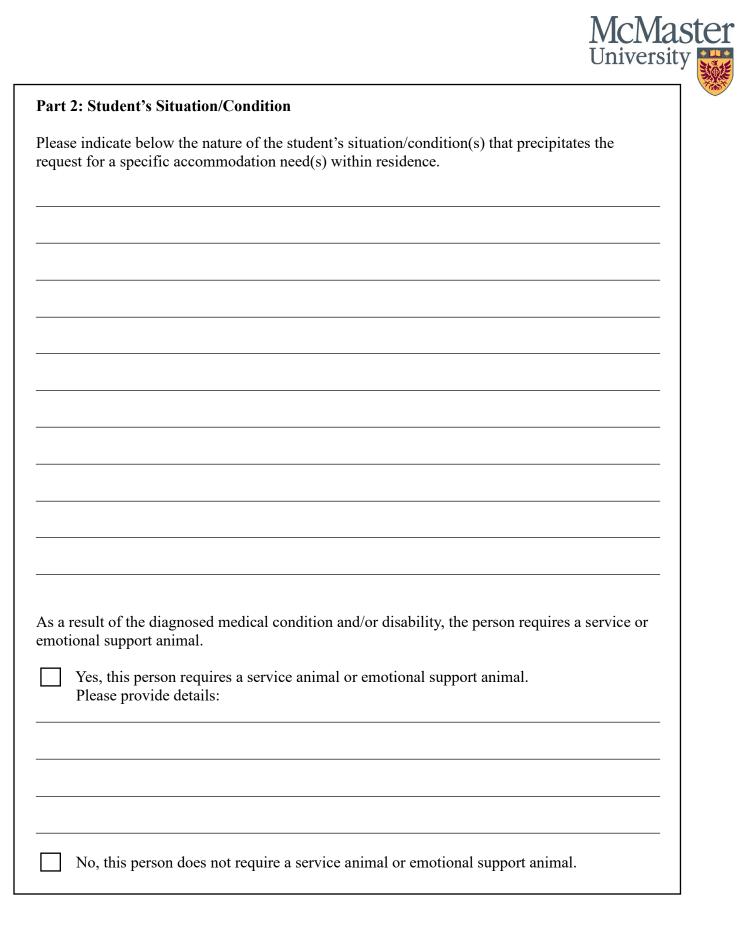
Please complete Part 1 to Part 6 with clear and legible writing to support Residence Admissions review of this document.

### Part 1: Student's Information

Student's First Name (print):

Student's Last Name (print):

McMaster Student ID Number: \_\_\_\_\_





### **Part 3: Functional Limitations**

Please explain any functional limitations the student may have that necessitates a residence accommodation request:



#### Part 4: Functional Limitation Impact in Residence

The student's accommodation need would impact this student in a residence community environment in the following way(s) with the following explanation:

Please check the box in the columns A to D that apply and provide an explanation in column E.

	А	В	С	D	Е
<b>Functional Impact</b>	No	Low	High	Unable	Please provide an explanation:
(within a residence	Impact	Impact	Impact	to	i lease provide an explanation.
community)	Impact	Impact	Impact	Assess	
Need for a private or				A35035	
semi-private room					
Need for mixeto					
Need for private bathroom					
bathroom					
Need for semi-					
private bathroom					
1					
Requires use of					
mobility aid (i.e.,					
walker, wheelchair)					
Difficulty with fine					
motor skills/manual					
dexterity					
Use of adaptive					
technology					
<u> </u>					
Special Bed Setup					
Walking					
-					
Climbing stains with					
Climbing stairs with					
no elevator					
Hearing					
Traimg					
Vision					



Sleep			
Ability to share a room with a roommate(s)			
Need for a quiet community			
Special Diet/Requires Access to Kitchen			
Other:			
Other:			
Other:			

### Part 5: Additional Relevant Information

Please provide any additional information that may be relevant to the student's accommodation need related to living in a residence community.

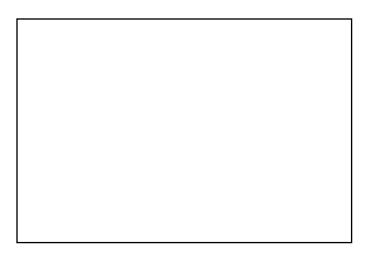


### Part 6: Signature of Attesting Professional

Professional's First and Last Name:

Professional's Position/Title:

Please stamp your contact information (if applicable):



By signing below, I hereby attest that I am familiar with the above-named student's specific needs, the information indicated above is accurate and that I am not a relative of the student.

Attesting Professional Signature:

Date of Signature:

#### Please return this completed form to the McMaster student.

The student is responsible to upload the completed Attesting Professional Supporting Documentation Form(s) to their online residence application by the deadline.

The information gathered on this form is collected under the authority of the McMaster University Act, 1976. This information will be used only for the purpose of evaluating reasonable housing accommodation. This information is protected and being collected under Section 39(2) and Section 42 of the Freedom of Information and Protection of Privacy Act of Ontario (RSO 1990). For more information, please see the <u>McMaster's Policy on the Collection of Personal</u> Information page.