



# HIGH POINT UNIVERSITY

The Premier Life Skills University

Office of Accessibility Resources and Services

## ACCESSIBLE HOUSING

All High Point University (HPU) students requesting accessible housing must register with the Office of Accessibility Resources and Services (OARS) and provide documentation of a disability and their specific significant functional impairment(s) which require accommodations to ensure equal access to housing. The legal definition of disability is a mental or physical condition that substantially limits a major life activity compared to most people.

A substantial limitation is defined as a notable, significant, meaningful limit/difference to the manner in which the individual engages in the activity, the conditions necessary for them to engage in the activity, and the duration for which they can engage in the activity or the frequency with which they engage in the activity. Major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and the proper functioning of major bodily systems.

To receive housing accommodations at High Point University, students must:

1. Register with the Office of Accessibility Resources and Services through [COMPASS](#) with their HPU email.
2. Submit a completed OARS *Documentation for Housing Accommodations* form by a licensed professional credentialed in the area related to the diagnosed condition for the requested accommodation.
3. Submit a personal statement that includes rationale for your housing accommodation and how it will meet your need(s) for accommodations and enrich your experience at High Point University.
4. Meet with an Accessibility Specialist to discuss your request as determining appropriate accommodations for equal access is an interactive process with your Accessibility Specialist. Please call 336-841-9026 to schedule an appointment with your Accessibility Specialist.

The following documentation is not sufficient to authorize a housing accommodation but may be included to assist in the determination of reasonable academic accommodations.

- Individualized Education Plan (IEP)
- 504 Plan
- Psychological Test results

Please submit all documentation to High Point University Office of Accessibility Resources and Services  
fax: 336-888-6324 [oars@highpoint.edu](mailto:oars@highpoint.edu)



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## Documentation for Housing Accommodations

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

The forenamed student has requested accommodations from the Accessibility Resources and Services Office at High Point University due to having a disability. This student reports being diagnosed with a physical and/or mental impairment which substantially limits one or more major life activities which may include, but is not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working.

Please complete all sections of this form and return to: Office of Accessibility Resources and Services  
One University Parkway, High Point, NC 27268  
PH: 336-841-9026, FAX 336-888-6324  
[oars@highpoint.edu](mailto:oars@highpoint.edu)

This verification form must be completed and returned before accommodations can be provided.

### To be completed by a licensed professional:

Provider: \_\_\_\_\_ Title: \_\_\_\_\_

Office Name and Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

License Number: \_\_\_\_\_ Today's Date: \_\_\_\_\_

To ensure that we may better evaluate the request for this accommodation, please answer the following questions:

1. What is the student's disability and/or diagnosis?

\_\_\_\_\_  
\_\_\_\_\_

2. Is the student/patient currently under your care?

Yes / No

a. If so, duration of care? \_\_\_\_\_

b. Date of most recent contact? \_\_\_\_\_

3. In what manner is the student substantially limited in one or more major life activities?

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4. Please explain how the student's major life activities are limited by the student's diagnosis.

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5. Is the impact of the condition life threatening if the request is not met?

Yes / No

a. In what way?

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6. Is the request an integral component of a treatment plan?

Yes / No

a. In what way?

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7. Does the condition impact the student's ability to utilize the campus shuttle service?

Yes / No

a. In what way?

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8. Describe how this condition affects the student’s activities of daily living and functioning, specifically in relation to the student’s housing experience. What are the student’s specific limitations that require an accessible environment to ensure the student has equal access on campus? (e.g. duration, frequency, intensity, etc.).

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9. What specific recommendations for accommodations do you have regarding housing assignment? Indicate if any recommendations are medically necessary.

\_\_\_\_\_ Single Room      \_\_\_\_\_ Semi-Private Bathroom      \_\_\_\_\_ Kitchen Access      \_\_\_\_\_ Ground Floor

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10. Explain how the recommended accommodations decrease the impact of the student’s functional limitations associated with their life on campus at High Point University.

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11. Please include any other information regarding the student’s specific limitations that require housing accommodations to ensure equal access to campus life.

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Licensed Professional’s Signature

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Date Completed

\_\_\_\_\_  
Licensed Professional’s Printed Name

\_\_\_\_\_  
Date Licensed