Dear Student,

This page is designed to guide you through the process of putting together a housing appeal. The Disabled Students Housing Appeals Board (DSHAB) reviews appeals for students with documented disabilities or medical conditions.

- Students must have applied for housing via the housing website at [www.housing.ucla.edu](http://www.housing.ucla.edu).
- Students must be eligible for university-owned housing and meet deadlines and payments as established by Housing Services. If you are concerned about your housing eligibility, please consult the Housing Assignment Office.

To submit an appeal, students must complete the entire packet ([http://www.cae.ucla.edu/Housing-Appeals](http://www.cae.ucla.edu/Housing-Appeals)):

The appealing student must write a self-statement addressing:

1) The nature of the limiting effects of his/her disability or medical condition.
2) How the requested university-owned housing will meet his/her documented disability-based needs.
3) How his/her education would be jeopardized without the specifically requested university-owned housing.

- Please note:
  - The Disability Assessment Form needs to be completed by a physician, clinician or other specialized / credentialed evaluator (not a relative of the applicant).
  - The Accommodation Requirements Form needs to have the clinician’s signature.

If a recommendation is made, the DSHAB will notify the student and the Housing Assignment Office. The Housing Assignment Office will then notify the student when an offer becomes available. In the event that the DSHAB denies an appeal, the student will be notified directly via email.

Note: DSHAB only recommends accommodations based on a documented medical need; housing preferences are handled by Housing Services.

Sincerely,

Ed McCloskey
Director, Center for Accessible Education (CAE)
Chair, Disabled Students Housing Appeals Board (DSHAB)
UCLA Disabled Students Housing Appeals Board (DSHAB)
INFORMATION FORM

Name ________________________________ Sex ________________

University ID Number ________________________ Birthdate ____________

Mailing Address ____________________________________________

______________________________

Phone: Cell ___________________ Email: __________________________

Date you applied for housing: __________

Housing Assignment (for the appeal period) __________________________
(If you do not have a housing assignment, please write NONE)

Due to my disability, I am appealing for:
Choose room type: _____On-campus _____Apartment

____Single ______Double ______Triple

University Apartment: _____Non-married Undergraduate_____Non-married Graduate _____Family

Academic Year for which housing is requested: ______________________

Check all that apply: _____Fall _____Winter _____Spring _____Summer

Are you? (Check all that apply for the appeal period):

New _______ Freshmen _______ Sophomore _______

Junior ______ Senior ______ Graduate _____ Transfer _______

Continuing_______ Late Admit____________ Re-Admit _______

Summer School Only_____________ Other ____________

I have read the instructions on how to submit an appeal. I have submitted the required forms and my self-statement. I give permission for the DSHAB to review all materials and to make inquiries to my medical professional as warranted.

________________________ (Signature) __________________________ (Date)

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is submitting an appeal to the DSHAB for university-owned housing at UCLA based on a disability or medical condition. The DSHAB requires current and comprehensive documentation. Please respond to these questions as soon as possible and return to either the student or the DSHAB by email or fax.

Physician / Provider name (print) ___________________________ Title __________________________ 
License # ___________________________ Phone: __________________________ 
Email: __________________________ 

Diagnosis(es) (for students with psychological disabilities, please state the DSM-5 or ICD classification).
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Diagnosis date: ___________________________ Onset of disability: ___________________________ 
Please list procedure/assessments used to make diagnosis ___________________________ 
________________________________________________________________________________

<table>
<thead>
<tr>
<th>Level of severity</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duration</td>
<td>Permanent</td>
<td>Chronic/Recurring</td>
<td></td>
</tr>
</tbody>
</table>
|                   | Temporary - date disability will end: ___________________________ 
| Date of next evaluation: ___________________________ |

Has the student ever been hospitalized due to the disability/medical condition? □ Yes □ No

Briefly describe the functional limitations of the disability or medical condition.
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

(over)
DISABILITY ASSESSMENT FORM  
(To be completed by a licensed clinician)

What treatment and / or medications are currently being used by the student? ______________________________

What impact, if any, does the medication have on the student? ______________________________

How does this condition (or effects of medication) limit the student’s ability to learn or meet the demands in a university setting? ______________________________

If the student’s condition is asthma, please comment on the frequency and duration of asthmatic attacks. ______________________________

How would the student’s health and / or education be jeopardized if the requested housing is not met? ______________________________

If this appeal is to request that an Emotional Support Animal or Therapy Animal be allowed to live in University-owned housing, please explain the animal’s role in the student’s ongoing treatment and / or rehabilitation:

_________________________________________________________

_________________________________________________________

_________________________________________________________

_________________________________________________________

_________________________________________________________

Signature: ______________________________ Date: ______________________________

Physician / Psychologist

Signature: ______________________________ Date: ______________________________

Student

Please return completed form either to the student / via email / fax to: Ed McCloskey, Chair DSHAB
Email: EMCCLOSKEY@saonet.ucla.edu Phone: (310) 825-1501 Fax: (310) 825-9656
In order to assess your needs and to better understand your request, the DSHAB asks that YOU, the student, complete this form. We ask that your Physician / Psychologist, etc. sign it to verify your needed accommodations. Please note: this form (not the other forms from your appeal packet) may be shared with the Housing and Residential Life Offices.

Student Name ___________________________________________ University ID __________________________

### Assistive / Academic Related Devices
**(that student has / owns and needs to keep in room)**

- [ ] Power Wheelchair
- [ ] Manual Wheelchair
- [ ] Hospital/Adjustable Bed
- [ ] Shower Chair
- [ ] Oxygen Tank
- [ ] Ventilator
- [ ] Walker-Crutches-Braces
- [ ] Bedside Commode
- [ ] Specialized Mattress (Size: __________)
- [ ] Kurzweil Personal Reader
- [ ] Dragon Dictate
- [ ] Ergonomic Chair
- [ ] Specialized Furniture or Equipment
- [ ] Other (Please Specify Below)

### Attendant

- [ ] Live-In, 24-Hour Attendant
- [ ] Live-In, 24-Hour Life Coach
- [ ] Non-Live-In, Daily Attendant.

How many hours? __________________
What hours? __________________

### Animals

- [ ] Service Dog
- [ ] Therapy Animal

**Species** of Animal: __________

**Note:** Please include clinician’s documentation that supports how ESA / Therapy animal is part of ongoing treatment or rehabilitation (refer to Disability Assessment Form, Pg. 2)

### Housing

- [ ] I can have no more than one roommate.
- [ ] I must have a room of my *own. (*Please be specific in your self-statement when articulating the reason(s) why a room of your own is required).*

*Please note that single occupancy housing is extremely limited.*

### Standard University Housing Furniture:

The university provides the following furniture in **undergraduate** residence hall rooms and apartments:

- XL Twin Bed
- Dresser
- Desk and Chair
- Closet/Wardrobe
- couch (apt only)
- coffee table (apt)
- dining table w/ chairs (apt)

The university provides the following furniture in **Weyburn Terrace Graduate** apartments:

- XL Twin Bed
- Dresser
- Desk and Chair
- Closet/Wardrobe
- couch
- coffee table
- dining table w/ chairs

The university provides the following furniture in off campus, University-owned Graduate apartments:

- XL Twin Bed
- Dresser
- Desk and Chair
- Closet/Wardrobe
- couch
- coffee table
- dining table w/ chairs

The university does **NOT** provide specialized equipment or furniture. If you will need furniture removed for a disability or medical reason please check here: ________ Items to be removed: ___________________________

Signature: ___________________________ Date: ___________________________

**Physician / Psychologist**

Signature: ___________________________ Date: ___________________________

**Student**

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