

Guidelines for Submitting a Request for Medical/Disability Accommodations for Dining Services

Dining Services and Accessibility Services work together to accommodate students with disabilities or medical needs in the dining hall setting.

Procedure: This process may take several weeks for an answer regarding your request. Once Accessibility Services has received and reviewed the documentation from an appropriate professional as well as your personal statement, a recommendation will be sent to Dining Services. Dining Services will relay the outcome of your request to you. If you are requesting a dining services accommodation on the basis of an emergency or change in medical status, please relay this information to Accessibility Services so your situation can be expedited.

The first step in the request is filling out the attached form completely, including the personal statement. The second step is contacting your doctor to provide complete documentation of your disability/medical need. This step is very important, as the documentation must be from an appropriate certifying professional capable of formulating a diagnosis. This professional must not be related to the student. Please fill out this documentation completely. The third step is to return the request to Accessibility Services.

Again, please understand that this process is for students that have disabilities. Federal law defines a disability as “a physical or mental impairment that substantially limits one or more major life activities.” It is important to note that a chronic health condition in and of itself does not necessarily constitute a disability. The degree of impairment must be significant enough to “substantially limit” one or more major life activities.

Accessibility Services can also provide accommodations in an academic setting. More complete academic related documentation may be required. Please contact Accessibility Services to obtain the proper forms.

Student Request Form

Turn this completed form in to Accessibility Services

Student Name: _____ Today's Date: _____

Telephone: _____ BGSU ID Number: _____

On Campus Address: _____

Permanent Address: _____

1. In 1-2 sentences, please indicate the dining services accommodations you are requesting

2. TYPE a personal statement identifying your rationale for the requested accommodations. Be specific regarding all circumstances relevant to your request. Please include frequency and severity of symptoms and how the requested accommodations will alleviate your symptoms. Attach the statement to this form.

Before turning in the request for accommodations on the basis of disability or medical need, please initial each statement and sign at the bottom:

_____ I understand that by turning in this request for accommodations, I am claiming to have a **disability** as defined by the Americans with Disabilities Act. A disability is a physical or mental impairment that substantially limits a major life activity in comparison to the average person. If I am not claiming to have a disability, I need to contact dining services for further instructions. Accessibility Services only serves students with disabilities.

_____ I understand the role of Accessibility Services is to determine if my condition constitutes a disability. If my condition does not meet the definition of disability, my request will be returned to me and I will assume responsibility for following up with dining services.

_____ I understand that this process may take several weeks after the receipt of the completed request in the Office of Accessibility Services. The only exception is in the case of an emergency or medical change. In this instance, information from a doctor documenting the urgency of the matter will be required.

_____ I understand that I will be notified by dining services regarding the status of my request and that Accessibility Services will not give information over the phone other than verification of the receipt of the request.

_____ I understand that if my request is not complete, it will be returned to me as denied.

A complete request consists of:

- **The request form**
- **The typed personal statement**
- **The typed and signed documentation from your doctor**

I understand all of the afore-mentioned statements.

Signature: _____ Date: _____

I do NOT understand one or more of these statements. Please indicate which statement is confusing, and it will be explained further.

Signature: _____ Date: _____

.....
Release of Information (Optional)

I, _____, authorize the release of information concerning my disability and housing arrangements to my parents or legal guardians (please list names)

I understand that my rights under FERPA do not allow the office to speak with family members or guardians unless I specifically waive this right in written form. Understanding this, I willingly sign this form below.

Signature _____ Date _____

**Guidelines for Documentation
For Student’s Physician/Psychologist**

Student Name: _____ **Today’s Date:** _____

Telephone: _____ **BGSU ID Number:** _____

On Campus Address: _____

Permanent Address: _____

I, _____, a student at Bowling Green State University give permission to release the requested information to the Office of Accessibility Services.

Student’s Signature: _____ **Date:** _____

This section is a guide for doctors to follow when completing documentation. Physicians/Psychologists may use this form for convenience or make sure to include all of the information requested in a separate statement. If using this form, please type responses. Illegible forms will be returned to the student. We need as many details as possible in order to determine the presence of a disability; please take the time to be specific and clear.

Bowling Green State University has a residence hall system with varying environments and dining halls to meet resident needs. If the student has a disability that cannot be accommodated within a dining hall, the dining service requirement will be amended. However, a letter merely stating, “the student needs to cook their own meals,” is too vague for us to determine if the student’s needs can be accommodated on campus. Please note that as you respond to the following questions, frame your responses to identify nutritional changes that will alleviate the student’s symptoms, the current and recommended treatment, and specific causes and symptoms of the student’s condition.

Diagnosis: _____

DSM-IV Diagnosis (If Applicable):

Axis I: _____

Axis II: _____

Axis III: _____

Axis IV: _____

Axis V: _____

Other Diagnosis: _____

Date of Diagnosis: _____

Date of Last Contact with Student: _____

Basis on which diagnosis was made: _____

Please list the specific symptoms and severity of the student's condition. Please be specific.

Please list the causes of the symptoms. Please be specific.

What specific nutritional changes will alleviate the student's symptoms? Specify dietary needs.

If relevant, current medications including dosage and side effects:

If relevant, long-term medication plan:

If relevant, current compliance with medication plan:

Prognosis (include likelihood of improvement or further deterioration and within what approximate time frame):

Qualified Professional's Name & Title: _____

Address: _____

Daytime Telephone number: _____

Fax number: _____

License/Certification number and state of licenser: _____

Type of License: _____

Date of initial contact with student: _____

Date of last contact with student: _____

Qualified Professional's Signature: _____

Date: _____

Please mail or fax this completed form to:

Bowling Green State University
Accessibility Services
38 College Park Office Building
Bowling Green, OH 43403
Fax: (419) 372-8496