



Office of Residential Life

University Center 161 253-535-7200 rlif@plu.edu www.plu.edu/~rlif

Special Needs Single Request Information *2009 – 2010*

Pacific Lutheran University encourages students to plan for housing that will help them achieve their academic goals, as well as teach them the responsibilities of living in a community. While many students would feel a benefit from having a single room, PLU does not have enough space to accommodate all requests. Because some students have unique medical or psychological needs that may impact traditional on-campus living options, a process is in place to assist them with obtaining a single room.

PROCESS

- 1) Students who wish to apply for a Special Needs Single must submit the following information (see below for detailed requirement specifications):
 - Application of Intent
 - Personal Statement
 - Health Care Provider Letter
 - Consent Form
 - PLU Health Provider Release Form (when applicable)
 - On-Campus Housing Application
- 2) A board comprised of representatives from the Health Center, Counseling Center, Services for Students with Disabilities, and Residential Life will review the submitted requests and documentation.
- 3) Students will be notified by email (see dates below). Students who are not approved by the board will be placed on the single waitlist in order of their priority points (for continuing students) or the date application was received (for new students) and given the opportunity to remove themselves from the waitlist if they wish.
- 4) Decisions of the board are final. Students seeking clarification of a decision are to meet with the Office of Residential Life's Special Needs Single board representative. If, after this meeting, the student would like to appeal the board's decision, s/he can do so to the Assistant Dean of Campus Life. An appeal form will be available from the Residential Life representative. Grounds for an appeal are limited to the following reasons:
 - a. The student feels that a member(s) of the board was biased towards the student or the student's situation.
 - b. The student feels the board didn't follow the process outlined in this document when making their decision.
- 5) Students must reapply for a Special Needs Single each year. Documentation must include changes and updates in the condition, or a letter from the certified health provider that no changes have occurred.
- 6) There is no additional cost to those approved for a Special Needs Single rooms; students will be charged the double-room occupancy rate for that academic year.

APPLICATION DUE DATES

Continuing Students:

- May 1st for initial consideration for academic year housing
- December 1st for initial consideration for Spring semester housing.
- Requests received after the initial consideration deadlines will be considered on a space available basis.

Freshmen and Transfers:

- June 1st for initial consideration for academic year housing.
- December 1st for initial consideration for Spring semester housing.
- Requests received after the initial consideration deadlines will be considered on a space available basis.

NOTIFICATION DATES

Continuing Students:

- May 15th for applications received by the May 1st deadline for academic year housing
- December 15th for applications received by the December 1st deadline for Spring semester housing.
- Applications received after the initial consideration deadline will be notified on a rolling basis (on average 3 – 4 weeks after application is received).

Freshmen and Transfers:

- June 15th for applications received by the June 1st deadline for academic year housing
- December 15th for applications received by the December 1st deadline for Spring semester housing.
- Applications received after the initial consideration deadline will be notified on a rolling basis (on average 3 – 4 weeks after application is received).

REQUIREMENT SPECIFICATIONS

In order to be considered for a Special Needs Single, **all documentation must be sent to and received at the PLU Health Center** (unless otherwise noted). Missing or incomplete materials will prevent the board from making a decision. The board may request additional information in order to make their decision. Simply submitting the materials for consideration does not guarantee a student will be awarded a Special Need's Single

Special Needs Single Application of Intent

- ♦ The Application of Intent notifies PLU that a student intends to submit the required application materials to be considered for a Special Needs Single. It must be submitted by the student, and filled out in blue or black ink.

Personal Statement

- ♦ A detailed personal statement from the student describing how a single room as opposed to a shared room is required for his/her academic progress at PLU. The student should be as detailed as possible, and include the following: length of condition and what steps are currently being used to treat it. As appropriate, requests for specific facility needs (i.e. bathroom, room location within building, etc.) should be included. This document must be typed; student's name and student ID number should also be included on it.

Health Care Provider Letter

- ♦ A comprehensive letter reporting the evaluation with sufficient supportive data from a certified health provider (M.D., D.O., P.A., N.P., licensed Ph.D.). This letter must include patient's name, diagnosis, duration of time treating patient, and comments specific to why a single room is required as opposed to a shared room. Specific needs related to bathroom facilities or location within a building should also be addressed in this letter. Letters must include providers, name, title, contact information, and must be submitted on letterhead; statements submitted on prescription notes are not accepted.

Consent Form

- ♦ A consent form signed by the student, giving permission for the information submitted by the certified health care provider, can be shared with the members of the board.

PLU Health Care Provider Release Form (when applicable)

- ♦ If a PLU Counseling Center, Services for Students with Disabilities, and/or Health Center personnel have been part of student's treatment and student feels his/her input would be helpful, student can sign a release with such individual (obtained as his/her office), permitting him/her to discuss your condition with this board.

Special Needs Single forms should be sent to:

Health Center
Pacific Lutheran University
Tacoma, WA 98447

On-Campus Housing Application

- ♦ The Housing Application informs the Office of Residential Life of a student's intent to live on-campus, and his/her hall preferences. Special Needs Singles will be awarded on a space availability basis. Continuing students should obtain the Continuing Student Housing Application from the Office of Residential Life, and return it to the same office. New students can obtain the New Student Housing Application from the Office of Admission, and return it to them along with the \$200 Advanced Tuition Deposit. Please contact Residential Life for housing process deadlines.



Office of Residential Life

University Center 161 253-535-7200 rlif@plu.edu www.plu.edu/~rlif

Special Needs Single Application of Intent 2009 – 2010

Please print clearly, using blue or black ink:

Name: _____ PLU Student ID #: _____

- I intend to apply for a Special Needs Single room for medical or psychological reasons.
- I am applying for a Special Needs Single for the following term (*select one*):
 - Academic Year 2009 – 2010
 - Spring 2010
- I have read the Special Needs Single Request Information packet, outlining the process, and requirements.
- I understand that I must complete all required application materials, and submit them by the specified deadlines, before my application will be considered for review.

Student Signature

Date

Special Needs Single forms should be sent to:

Health Center
Pacific Lutheran University
Tacoma, WA 98447

For Office Use Only:

Application Material

Date Received

- | | |
|---|-------|
| <input type="checkbox"/> Application of Intent | _____ |
| <input type="checkbox"/> Personal Statement | _____ |
| <input type="checkbox"/> Health Provider Letter | _____ |
| <input type="checkbox"/> Consent Form | _____ |
| <input type="checkbox"/> PLU Health Provider Release Form (when applicable) | _____ |



Office of Residential Life

University Center 161 253-535-7200 rlif@plu.edu www.plu.edu/~rlif

Special Needs Single Consent Form 2009 – 2010

Please print clearly, using blue or black ink:

I, _____, do hereby authorize Susana Doll, Director of Health Services:

to disclose to; to obtain from; or to exchange with

Susana Doll
Director of Health Center

Tom Huelsbeck
Assistant Dean for Campus Life

Mark Anderson Ph.D.
Director of Counseling Center

Ruth Tweeten
Director of Disability Support

Pacific Lutheran University

Address:

Tacoma 98447

City Zip

The following Information including Protected Health Information:

- Application of Intent
- Personal Statement
- Health Care Provider Letter
- PLU Health Provider Release Form (when applicable)

Purpose of and need for disclosure: Single Room Application.

My consent shall expire in 90 days (or _____, if less than 90 days). This authorization may be revoked by me in writing at any time except to the extent that action has been taken already in response to this Consent for Disclosure of Information or Records.

I am aware that information from my record is confidential and protected by Federal and State Law. Federal and State Regulations (42 CFR Part 2 and R.C.W. 71.05, 70.02) prohibit you from making any further redisclosure of these records without my specific written consent, or as otherwise permitted by such regulations.

Client Signature

Printed Name

Date

Witness Signature

Printed Name

Date