



## Cleveland Institute of Art

### Disability Accommodation Request Form for CIA Housing

Please refer to the Reasonable Accommodation Policy for Housing for the complete process for requesting disability-related housing accommodations at CIA. Students must follow these procedures and provide all of the required information in order to be considered for housing accommodations.

Accessibility & Disability Support Services will accept and consider requests for reasonable accommodation(s) in CIA housing at any time. Students making the request for accommodation should complete and provide the Request Form to Disability Support Services as soon as practicably possible before moving into CIA Housing. However, if the request for accommodation is made fewer than 60 days before the student intends to move into CIA Housing, CIA cannot guarantee that it will be able to meet the student’s accommodation needs during the first semester or term of occupancy.

If the need for the accommodation arises when an individual already resides in CIA housing, they should contact Accessibility & Disability Support Services and complete the Request Form as soon as practicably possible. CIA cannot guarantee that it will be able to meet the accommodation needs during the semester or term in which the request is received.

Please send documentation to: Accessibility & Disability Services via confidential fax (216) 238-6158; email: DisabilityServices@cia.edu; or U.S. mail to Cleveland Institute of Art, 11610 Euclid Blvd., Cleveland, OH 44106.

#### Student Information

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Local Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Campus Address: \_\_\_\_\_

1. Have you previously registered with Accessibility & Disability Support Services?  Yes  No

2. What is your disability? \_\_\_\_\_

3. Check All that Apply:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> ADHD/ADD                 | <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Speech Impairment      |
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Learning Disability     | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Health Impairment        | <input type="checkbox"/> Mental Health           | <input type="checkbox"/> Visual Impairment      |
| <input type="checkbox"/> Hearing Impairment       | <input type="checkbox"/> Mobility Impairment     | <input type="checkbox"/> Other: _____           |

\_\_\_\_\_

4. What are your current symptoms? \_\_\_\_\_

5. Describe the housing accommodation you are requesting: \_\_\_\_\_

6. Explain how the requested accommodation is necessary to manage your symptoms: \_\_\_\_\_

7. How will the accommodation allow you to fully participate in the residential community? \_\_\_\_\_

8. What strategies do you currently use to manage your symptoms? \_\_\_\_\_

9. If approved, when do you want the accommodation to begin? \_\_\_\_\_

10. Please share any additional information you would like to provide: \_\_\_\_\_

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_