



Vanguard University Office of Disability Services  
55 Fair Drive, Costa Mesa, CA 92626  
Telephone: (714) 619-6550; Fax: (714) 619-6580

## **ACCOMMODATIONS REQUEST PACKET**

### **For Housing and Dietary Needs**

Vanguard University is a residential campus; every effort will be made to make reasonable accommodations for students with disabilities who need housing and dining/dietary adjustments to live on campus. This process exists for students with disabilities demonstrating the need for a housing or dietary accommodation. Student *preferences* can be expressed through the regular housing request process.

#### **Housing Accommodations**

Vanguard University requires enrolled students (single, first and second-year traditional undergraduates under 21 years of age) to live on campus, unless living at home with their parents or legal guardians. To support the mission of a residential liberal arts institution, reasonable accommodations are granted to accommodate the on-campus housing needs of students with documented disabilities. Therefore, it is imperative that your medical or mental health professional identifies *specific* requested accommodations that are necessary to address your disability/disabilities in an on-campus housing environment.

A committee of physical and mental health care professionals, comprise the Housing Accommodations Committee charged to review every request packet for on-campus accommodations. The accommodations process is not intended as a means by which students seek permission to live off campus. If you are seeking to live off campus, please refer to the information Residence Life provides:

<https://vanguard.starrezhousing.com/StarRezPortal/32E9A59A/1/1/Home-Home>.

#### **Dining/Dietary Accommodations**

Undergraduate students residing on campus are required to have a meal plan. If you are seeking a dining/dietary accommodation, your request will not be reviewed or considered until Disability Services receives an email confirming the student has met with Bon Appetit's General Manager, Doug DiGiovanni, who will determine if Bon Appetit can accommodate the applicant's dietary needs. Douglas DiGiovanni can be reached at [douglas.digiovanni@cafebonappetit.com](mailto:douglas.digiovanni@cafebonappetit.com), and Disability Services will be emailed following the consultation. You are encouraged to remind Bon Appetit to copy you on the email to Disability Services, and to follow up directly if you do not receive it. Details about specific foods that cannot be consumed, or about dietary regimens, are most helpful for purposes of the conversation and evaluation.

#### **Process**

1. Submit current documentation of a qualifying disability from a licensed health care provider. All questions must be completed; if not, there may be a delay in the consideration of this request, or it may be denied due to insufficient information.
2. Student completes the relevant parts of the Authorization for Release of Confidential Health Information and the Accommodations Request Questionnaire.
3. Licensed and qualified health care provider completes the relevant pages of the Accommodations Request Questionnaire.
4. Student prepares a personal statement as to the reason(s) for the accommodations request. Please provide as much detail as possible in this statement. If you are working with the Title IX office, please reach out to that office for support with the personal statement.
5. Turn in the completed process items 1 through 4 above to Disability Services by the appropriate Housing Selection deadline. Information about the housing selection process can be found on the Residence Life webpage: <https://www.vanguard.edu/student-life/residence-life/housing-faqs/housing-policies>. You may also contact Residence Life at [HousingInfo@vanguard.edu](mailto:HousingInfo@vanguard.edu). The required material may be submitted in person, by email, or by fax to:

Housing Accommodations Committee, Vanguard University  
c/o Disability Services, Smith 103, Costa Mesa, CA 92626

[DisabilityServices@vanguard.edu](mailto:DisabilityServices@vanguard.edu) Phone: (714) 619-6550 Fax: (714) 619-6580

6. The Accommodations Committee meets monthly (September – July) to consider the request and contacts the student with a decision by email.
7. Reference Housing + Dining Accommodations information and policies here: <https://www.vanguard.edu/resources/disabilityservices/students>.

#### **Emotional Support Animals (ESA)**

There is a separate request process for ESAs, and that information can be found here:

<https://www.vanguard.edu/resources/disabilityservices/students>



## **Policy and Guidelines for Housing and Dietary Accommodations for Students with Medical and/or Psychological Disabilities**

### **I. General Policy**

Vanguard University is committed to full compliance with the Americans with Disabilities Act (ADA) as amended (2008), the Rehabilitation Act of 1973, and other applicable federal or state laws and amendments that provide students with disabilities the right to pursue their education free from unlawful discrimination. The ADA defines a disability as a physical or mental impairment that substantially limits one or more major life activities.

### **II. Policy and Procedures**

Vanguard University is a residential campus. Reasonable accommodations will be made to adjust the University's housing and dining/dietary policies when necessary to permit students with disabilities to experience the educational benefits of residential campus life. Examples of accommodations may include a ground floor room, a single room, low occupancy housing, an individualized meeting with a representative of Bon Appetit, etc. Current documentation of a disability or disabilities and the support for an accommodation is required from a licensed and appropriately credentialed professional. Recommendations within the documentation will be considered when determining accommodations based on functional limitations that may impact the student in an on-campus housing and/or dining setting. These recommendations from an outside professional can be useful and are welcome, but they are not binding, and Vanguard University has the sole decision-making authority for housing accommodation requests.

Housing room rates do not change because accommodations are requested and/or granted.

- Documentation is maintained electronically in Disability Services and will be shared only with the Housing Accommodations Committee when considering each request. Documentation must be submitted for review well ahead of the deadlines provided by Residence Life, keeping in mind the Housing Accommodations Committee meets monthly.

### **III. Guidelines for Policy Implementation and Procedures**

A student requesting housing and/or dining/dietary accommodations can download the Accommodation Request Packet available online under Disability Services Forms at <https://www.vanguard.edu/resources/disabilityservices/students>.

The packet includes:

- Authorization for Release of Confidential Health Information
- Accommodations Request Questionnaire (completed by professional and student)
- Policy and Guidelines for Housing & Dietary Accommodations

The student needs to complete the Authorization for Release of Confidential Health Information and the student information portion of the Accommodations Request Questionnaire. **Both forms** should be given to the licensed and qualified health professional who can provide complete and current medical information to assist the Housing Accommodation Committee during the review process. The provider may be asked to provide additional information.

**Physical Disabilities:** A student with a physical disability must provide current documentation of a disability/disabilities certified by a licensed physician, audiologist, speech pathologist, physical therapist, rehabilitation counselor, or other professional health care provider who is qualified in the diagnosis of the disability/disabilities. The verification must reflect the student's present level of functioning in the affected major life activity. Students with specific medical diagnoses that require dietary accommodations are required to meet or speak with a representative of Bon Appetit to determine if those dietary needs can be met through the dining program on campus. A summary of that meeting will be provided by the representative of Bon Appetit, which the Housing Accommodation Committee will take into consideration when making a final decision.

**Psychological Disabilities:** A student with a psychological disability must provide current documentation of a disability/disabilities, certified by a licensed mental health professional who is qualified in the diagnosis of the disability/disabilities. The verification must reflect the student's current level of functioning and the degree of impact of the diagnosed disorder/disorders on a specific major life activity or activities. The mental health professional may also provide additional related evaluative results (e.g., psycho-educational evaluation, neuropsychological test results, etc.), if applicable.



Students who already have psycho-educational testing on file and are interested in requesting housing accommodations must also complete the Accommodations Request Packet, as this is separate from the process of determining academic accommodations.

The Housing Accommodation Committee will review all requests for housing and dining/dietary accommodations and will give full and consistent consideration to each request. Committee members include the Assistant Director of Housing, the Assistant Director of Disability Services, the Director of the Health Center, and the Director of the Counseling Center. As mentioned above, the representative of Bon Appetit will serve in a consultative role by meeting with all students with special dining/dietary needs. All information reviewed by the Housing Accommodation Committee is kept strictly confidential, except in cases of appeal when all relevant information will be forwarded to the Vice President for Student Affairs or designee.

Students do not meet with the Housing Accommodation Committee virtually or in person, and they will be notified of decisions by email.

Temporary impairments (6 months or less) are not commonly regarded as disabilities, and only in rare circumstances will the degree of limitation rendered by a temporary impairment be substantial enough to qualify as a disability pursuant to this policy.

#### **IV. Appeal Process**

If a student decides to appeal, within ten (10) business days from written notification of the decision rendered by the Housing Committee, the student must submit this appeal to the Vice President of Student Affairs or designee so that the following may be determined:

- 1) A procedural or substantive error occurred that significantly impacted the outcome of the accommodated housing request (e.g., substantiated bias, material deviation from established procedures, etc.). A summary of the perceived error, and its impact, must be included in a written appeal request.
- 2) Whether the decision was supported by the available information and by the appropriate medical and mental health professional, and whether the information presented was sufficient to establish a functional limitation pertaining to the housing or dietary accommodations requested.
- 3) Whether the requested accommodations can be reasonably met in the residence halls and/or by Bon Appetit.
- 4) If new and relevant information can be considered, which was not included in the original Accommodated Housing Request that could substantially impact the original decision. This information may have reasonably been unavailable at the time the request was submitted. A summary of this new information and its potential impact must be included in a written appeal request.

The appeal can be submitted in writing or by email to the Vice President for Student Affairs or designee. In your appeal, you must state the cause and details for your appeal. The Vice President for Student Affairs, or designee, will review the appeal, will decide upon the appropriate action, and make a decision. The Housing Accommodation Committee's decision will be upheld unless the Vice President for Student Affairs or designee determines that an error was made or a material injustice would occur. The Vice President for Student Affairs or designee will send written notice of the decision within ten (10) business days from the date the appeal was submitted. The decision of the Vice President for Student Affairs or designee is final.

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**Authorization for Release of Confidential Health Information**

(Please Print and Use Ink)

Please release my records from the following:

Health Provider or Agency Name

Address

City, State, Zip

Telephone

Fax

Please release the **Vanguard University  
Accommodations Request Questionnaire**  
and **available Psychological/ Medical Information** to:

Vanguard University  
Housing Accommodation Committee  
c/o Disability Services,  
55 Fair Drive, Costa Mesa, CA 92626  
Telephone: (714) 619-6550  
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Information to be disclosed/exchanged **at a later date (if requested)** includes:

Progress Notes, Laboratory Reports, Radiology Reports, Psychological Reports, and other (please specify): \_\_\_\_\_  
(Cross out any information you are unwilling to have reviewed by the Vanguard University Housing Accommodation Committee)

Records released are authorized for the following purpose:

I understand authorizing the disclosure of the information identified is voluntary. I understand I have the right to revoke this authorization at any time. I understand if I revoke this authorization I must do so in writing and present my written revocation to the Vanguard University Office of Disability Services. I understand the revocation will not apply to information that has already been released in response to this authorization. Unless otherwise revoked, this authorization will expire on the following date: \_\_\_\_\_

If I fail to specify an expiration date, this authorization will expire one year from the date of signature on the Accommodations Request Questionnaire.

I understand I may inspect or obtain a copy of the information to be used or disclosed, as provided in CFR 164.524. If I have questions about disclosure of my health information, I can contact the Assistant Director of Disability Services.

Patient Name:

Last

First

M.I.

Student ID:

-

Preferred Phone Number:

Date of Birth:

Signature of Patient or Legal Representative

Date/Time

Relationship to Patient (If signed by Legal Representative)

Witness

☐ Patient is unable to sign because:

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**Accommodations Request Questionnaire**  
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**Student Information**

(Please Print Legibly or Type)

**This section to be completed by the *student*.**

**Name** (Last, First, Middle): \_\_\_\_\_

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

**Student ID:** \_\_\_\_\_

**Status** (check one):    ☐ **Current Student**        ☐ **Transfer Student**        ☐ **Incoming First Year**

**Class Year by Units** (e.g., Junior): \_\_\_\_\_

**Campus Mailbox Number:** \_\_\_\_\_

**Mailing Address** (Street, City, State, Zip): \_\_\_\_\_

**Home Phone:**    (        )        -        \_\_\_\_\_

**Cell Phone:**    (        )        -        \_\_\_\_\_

**Preferred E mail Address:** \_\_\_\_\_

**What specific accommodation are you seeking?**

\_\_\_\_\_  
Please sign below to indicate you have reviewed and understand the *Vanguard University Policy and Guidelines for Housing and Dietary Accommodations*, <https://www.vanguard.edu/resources/disabilityservices/students>

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

**Accommodations Request Questionnaire**  
For Housing and Dietary Needs

**Diagnostic Information**

(Please Print Legibly or Type)

**This section to be completed by a *licensed and qualified health professional*.**

The person named above is a student at Vanguard University and is requesting housing and/or dining/dietary accommodations for disability-related reasons. Please supply the following information regarding any relevant condition(s) to aid the University in providing the best accommodations.

**Vanguard University is committed to accommodating housing and dietary needs on campus for students with medical and/or psychological disabilities.**

1. Is the student/patient currently under your care? ☐ Yes ☐ No

If yes, duration of care:

Date of most recent contact:

2. What is the diagnosis and date of diagnosis?

**PLEASE WRITE OUT DIAGNOSES** – Do Not use Insurance Billing Codes

1. Dx: \_\_\_\_\_ Date of Dx: \_\_\_\_\_  
Duration of Dx: ☐ continuous ☐ intermittent ☐ cyclical ☐ short term  
☐ other (explain): \_\_\_\_\_

2. Dx: \_\_\_\_\_ Date of Dx: \_\_\_\_\_  
Duration of Dx: ☐ continuous ☐ intermittent ☐ cyclical ☐ short term  
☐ other (explain): \_\_\_\_\_

3. Dx: \_\_\_\_\_ Date of Dx: \_\_\_\_\_  
Duration of Dx: ☐ continuous ☐ intermittent ☐ cyclical ☐ short term  
☐ other (explain): \_\_\_\_\_

4. Dx: \_\_\_\_\_ Date of Dx: \_\_\_\_\_  
Duration of Dx: ☐ continuous ☐ intermittent ☐ cyclical ☐ short term  
☐ other (explain): \_\_\_\_\_

3. Did you make the above-referenced diagnosis?

If no, how are you aware of the diagnosis?

I have reviewed the original medical documentation \_\_\_\_\_

The student/patient (or a parent) reported it to me \_\_\_\_\_

Other (please describe): \_\_\_\_\_

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

4. **What date did the condition rise to the level of current impairment and/or severity?**

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5. **List current medication(s):**

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6. **Please describe any specific limitations created by the medical/psychological condition(s) and/or treatment(s) as related to on campus housing and/or dining** (e.g., unable to walk more than 50 feet without fatigue, difficulty concentrating with noise or interruptions, etc.):

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7. **Describe any unique housing and/or dining circumstances created by the medical/psychological condition(s) and/or treatment(s)** (e.g., quiet environment, special diet, ground floor housing, etc.):

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8.

Medical Condition/Diagnosis	Recommended Supports	Rationale

9. **Are there any situations or environmental conditions that might lead to an exacerbation of the condition(s)?**

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10. **What medical/psychological treatment plan including medications, education, and/or equipment could be implemented to alleviate or minimize the adverse consequences of the condition(s)?**

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\_\_\_\_\_  
**Signature of Professional Providing Assessment**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name of Professional Providing Assessment**

\_\_\_\_\_  
**Medical/Professional License #**

\_\_\_\_\_  
**Phone Number**

\_\_\_\_\_  
**Fax Number**

\_\_\_\_\_  
**Health Provider Specialty**

**Office Stamp Required:**