



**Medical Need Special Housing Request
Instructions
2009-2010**

You may request special housing if you have a qualified medical condition. Special housing requests are routed through Duke Student Health. Only completed requests are reviewed. A completed request consists of this form, documentation from your health care provider (pg 2), and a release of information (pg 3). The medical provider (MD, DO, PA, or NP) cannot be someone with whom you have a significant emotional relationship (e.g. parent, sibling, or other relative). Also, recommendations and/or statements included in the medical documentation should not be interpreted as automatic approvals for special housing.

Deadlines for Special Housing Requests

June 5, 2009	For new and returning students for Fall 09 housing
October 5, 2009	For Spring 10 housing
February 5, 2010	For new and returning students for Fall 10 housing.

Please note that you will receive notification of the status of your request within four weeks of submission of complete documentation. Requests submitted after the deadline may result in a delay or inability to grant request. You must complete and submit the "Medical Need Special Housing Release" form in addition to the information requested below.

Submit all forms by mail or fax to: Duke Student Health
Attn: Jean Hanson, RN, MPH, Administrative Director
DUMC Box 2899
Durham, NC 27710
Fax 919-681-2874

FOR STUDENT:

Date of Request: _____

Student Name: _____

Date of Birth: _____

Student Signature: _____

Duke ID (If available) _____

Student's Duke (or other) e-mail address: _____

Parent's Signature (If student is under 18): _____

In the space below, please detail your request and the reason(s) for it.



Medical Need Special Housing Request Provider Instructions

Student Name: _____

Date of Birth: _____

FOR HEALTHCARE PROVIDER:

The above student is requesting to be considered for special housing at Duke University. Your professional opinion will be used in the consideration of this request. Special housing is extremely limited and only those students with the greatest medical need(s) will receive special housing arrangements.

Please provide a letter/documentation detailing the following information:

- Patient's diagnosis and related ICD-9 code, along with current treatment (including medications, therapies, interventions),
- Statement as to the level of severity and the activities impacted by the patient's condition.
- Results of any significant physical findings,
- A description of how the patient's condition may impact him/her in a college residence hall,
- Requested special housing,
- How long the patient has been in your care and his/her last visit with you.

Please be sure to include the patient's name and DOB. You may give the documents to the student or forward to:

: Duke Student Health
Attn: Jean Hanson, RN, MPH, Administrative Director
DUMC Box 2899
Durham, NC 27710
Fax 919-681-2874

Please include your signature and typed description of your credentials, address, phone number and the date of your letter/documentation. Contact information must be included.



Student Health Center

Medical Need Special Housing Release 2009-2010

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I authorize the following offices at Duke University to communicate and share information with one another in regards to my request for special housing. Communication will be limited to information specifically related to my request for special housing.

Student Health Services
Residential Life and Housing
Student Disability Access Office
Counseling and Psychological Services
Dean of Student's Office

I further authorize the following to communicate and share information with Duke Student Health in regards to my request for special housing. Communication will be limited to information specifically related to my request for special housing.

My Parent or Guardian
The medical provider completing my Medical Need Special Housing Request

I understand that I may revoke this request for Special Housing in writing to the Director of Housing Assignments and Communications.

This authorization and request is fully understood and is made voluntarily on my part.

Date of Release: _____

Student Name: _____ Date of Birth: _____

Student Signature: _____ Duke ID (If available) _____

Student's Duke email address: _____

Parent's Signature (If student is under 18): _____

FEDERAL AND STATE LAW PROHIBIT THE REDISCLOSURE OF INFORMATION RECEIVED PURSUANT TO THIS CONSENT.