

**Carthage College  
Dining Accommodation Request  
2020-2021 Academic Year**

Carthage College is committed to making reasonable accommodations within our campus dining for a student whose documented medical or psychological disability substantially interferes with their ability to dine on campus without accommodations. The goal of the College is to provide access for all students to a safe and supportive dining environment as participants in the campus community. In the rare occasion that the College is unable to provide reasonable accommodations in campus dining, a student may be granted an exemption from the campus dining requirement.

To evaluate requests based on medical, psychological or other disability-related conditions accurately and equitably, Carthage College needs sufficient information to evaluate in order to understand how the current impact of a disability relates to the requested dining accommodation. The College requires supporting documentation from appropriately licensed professionals who have evaluated the student, and can provide a current assessment of the student's need for the requested accommodation(s). Carthage reserves the right to request additional information if needed to evaluate the request. Please be aware that a diagnosis of a medical or psychological condition does not always result in a dining accommodation. In some cases, an alternative accommodation other than what is suggested by the student or licensed provider may be offered.

**General Information**

The Dining Accommodation Committee consists of representatives from the Office of Residential Life, Dining Services, Health and Counseling, and Disability Services. The committee convenes to review Dining Accommodation Requests at set points each year. Request forms must be received by:

***April 1, 2020 for Fall Term 2020/J-Term 2021 Semesters (for current/incoming Carthage students)***  
***June 1, 2020 for Fall 2020 (for incoming Carthage students)***  
***January 3, 2021 for Spring 2021 Semester (for incoming Carthage students)***

*Submissions received after these dates are considered, but accommodations are not guaranteed for the next semester.*

All decisions of the Dining Accommodation Committee are considered final based upon the authority and support provided by the college administration.

Please note that food preferences are insufficient to warrant a dining accommodation.

**Required Materials\***

1. The student must complete a Dining Accommodation Request form.
2. The student must complete an Authorization for Release of Confidential Information form
3. The diagnosing and treating licensed medical or psychological professional must complete the Dining Accommodation Request Medical/Psychological Documentation form.
4. Optional: the student is encouraged to submit a typed personal statement no longer than 500 words, explaining the need for the requested dining accommodation(s). The statement should include specific information about how the student's documented disability is directly related to his/her need for a dining accommodation.

\*The Dining Accommodation Request form, Authorization for Release of Confidential Information form and the Dining Accommodation Request Medical/Psychological Documentation form must be submitted by the dates listed above for full consideration. Incomplete applications will not be considered.

# Dining Accommodation Request Form

Carthage College is a residential institution with a residency requirement until students reach senior standing. Meal plans are a requirement as part of the residency experience. Carthage College stands behind and is proud of our commitment to residential education, and believes strongly that students learn best in an environment that treats them as holistic individuals. Living in residential facilities is an integral part of the liberal arts education process of Carthage College. Students submitting this accommodation request should be aware that exceptions to the residency dining requirement are **extremely rare**, and having a documented disability is not always considered adequate for granting special dining accommodations. **Exceptions to the dining requirement are only offered when there is clear evidence of a substantial and severe disability that directly interferes with their ability to utilize on-campus dining.** Please note that although campus dining makes their best effort to meet food preferences, preferences do not warrant accommodation. All requests for special dining accommodations will be reviewed in accordance with the guidelines set by the Americans with Disabilities Act.

**TO BE COMPLETED BY THE STUDENT (Please type or print legibly):**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Student ID Number: \_\_\_\_\_ Gender:  Male  Female  Other (specify) \_\_\_\_\_

Current or Campus Address: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Any student wishing to make a dining accommodation request is required to complete and submit this form to the Office of Residential Life with supporting documentation. The Dining Accommodations Committee will meet after each deadline and requests that are not complete will be returned without being reviewed. It is the responsibility of the student making the request to answer all of the following questions and to provide all of the necessary documentation.

Please specify what accommodation(s) is/are requested:

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

Due to conflict of interest, immediate family members/guardians may not serve as providers of medical/psychological evaluation.

**The decision of the Dining Accommodation Committee is final.** Student may re-submit for subsequent semesters only in the case that new information or documentation is available.

**ACKNOWLEDGEMENT:**

I have read and understand all information contained in the Dining Accommodation Request packet. I understand that my request is not approved until I am notified of the decision of the Dining Accommodation Committee. I understand that if approved, my dining accommodation is only for the academic year in which I applied.

Sign Name: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Residential Life Date Stamp Received:

- The following accommodations are recommended:
  - With the following conditions:

Request is denied

# Authorization for Release of Confidential Information

Permission is hereby given to the Carthage College Dining Accommodation Committee to release and/or request information for professional use, from the records of:

Client/Student Name \_\_\_\_\_

This authorization includes the release of psychological and/or psychiatric information and medical information which may be part of the psychological/medical record. This authorization expires in one year unless otherwise specified.

Person or organization from which the information is to be released and/or requested

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

I would like to include my parent/guardian in this release/request:       NO     YES \_\_\_\_\_  
Parent/Guardian Name

The type of information to be disclosed (check any/all that apply):

- intake summary/report
- discharge summary
- psychological evaluation(s)
- laboratory test results
- confirmation of services
- other \_\_\_\_\_
- with the following exceptions \_\_\_\_\_
- from the period \_\_\_\_\_ to \_\_\_\_\_
- entire psychological/psychiatric record
- entire medical record
- x-ray/imagine reports
- treatment summary
- academic progress
- all inclusive

I hereby authorize the following: (student please initial)

- \_\_\_\_\_ Disclosure of the results of HIV antibody blood testing and/or information concerning AIDS (Acquired Immune Deficiency Syndrome).
- \_\_\_\_\_ Release of my records via FAX machine or email. I accept the risk of misdirected information via misdialed phone number/entered email and/or misdirected release within the receiving facility/company.

I understand that I may revoke this consent at any time by notifying my therapist or medical provider in writing EXCEPT to the extent that action may have already been taken in reliance on my consent. I also hereby release the Carthage College Dining Accommodation Committee from any liability in connection with the release of the above information.

\_\_\_\_\_  
Client/Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

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

\_\_\_\_\_

\_\_\_\_\_  
Student ID Number

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

# Dining Accommodation Request Medical Documentation Form

Dear Health Care Provider:

Your patient, named below, is a student at Carthage College and is requesting consideration for a dining accommodation based upon medical and/or psychological need. Living in the residence halls and dining on campus is an integral part of the liberal arts education of the College, and is an important piece of ensuring holistic development of students.

As such, the College has a residency requirement that states that each student is expected to live on campus until their senior year, and all students living on campus must participate in the campus dining program. Exceptions will be considered in cases where there is clear and substantiated evidence of a severe medical or psychological disability which is directly linked to their inability to dine on campus. The most common types of dining accommodation requests are for custom plated meals prepared separately to mitigate risk for cross-contact of allergens, or for exemptions to the dining requirement, however other types of accommodations on campus are available. It should be noted that exceptions to the dining policy are **extremely rare**, and having a documented disability in and of itself is not considered adequate for granting special dining accommodations. **Exceptions to the dining policy are only offered when there is clear evidence of a substantial and severe disability that directly interferes with their ability to utilize the campus dining.** Requests are reviewed in accordance with the guidelines set by the Americans with Disabilities Act.

In order to accurately assess and determine disability accommodations, the College requires supporting documentation from appropriately licensed professionals that outlines how a dining accommodation supports the treatment of the student and impacts the student’s potential for success. The information that you provide will be reviewed by the Dining Accommodation Request committee, which consists of representatives from the Office of Residential Life, Health and Counseling, Dining Services, and the Disability Services Center. Please feel free to attach any other medical or psychological information that you feel may be relevant in the Committee’s consideration. **Please complete this form entirely; do not substitute attached records for responses on this form or simply note that the information is contained in attachments.** Thank you for your assistance.

Please return this form to the student or to the Office of Residential Life via mail, email, or fax.

Office of Residential Life  
Director of Residential Life  
2001 Alford Park Drive  
Kenosha, WI 53140  
[housing@carthage.edu](mailto:housing@carthage.edu)  
fax: 262-551-5989

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**TO BE COMPLETED BY THE STUDENT:**

Student Name (Printed): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Authorization to release information:**

I, the above named student, authorize my health care provider to supply Carthage College with any information in my records pertinent to my request for a dining accommodation including, but not limited to information requested on this form. I authorize my provider to supply additional information pertinent to this matter at the request of Carthage College officials and understand that Carthage College may request additional and/or updated information at any time. I agree that information provided in conjunction with this request may be reviewed as necessary by appropriate Carthage College staff to determine the response.

Student Signature: \_\_\_\_\_

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

**Carthage College Dining Accommodation Request  
Licensed Professional Documentation Form**

TO BE COMPLETED BY A LICENSED MEDICAL/PSYCHOLOGICAL HEALTH CARE PROVIDER

Please answer the following questions (*please type, print legibly or provide typed answers separately if the space provided is not sufficient*):

1. In the space below, please provide **diagnosis information** relevant to the dining accommodation request.

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

2. Is this student currently under your care?  Yes  No

3. When was your most recent contact with the student? \_\_\_\_\_

4. What is the date of your most recent evaluation (if different from #3)? \_\_\_\_\_

5. What is the expected duration of the diagnosed condition? \_\_\_\_\_

6. Please list all medications and therapies, including OTC and non-medication treatment (including therapy, if applicable), which the student is current using to manage this condition.

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

7. Do current medications and/or treatments mitigate the functional impact of the condition? If no, please explain. \_\_\_\_\_

8. How frequently is the student affected by this condition?

Daily  Weekly  Monthly  Seasonally  Other: \_\_\_\_\_

9. What major life activity (e.g. walking, seeing, hearing, breathing, self-care) does the condition substantially limit? **Please describe the actual functional limitation of this condition.**

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

10. Are there any environmental conditions that might lead to exacerbation of the condition?  Yes\*  No

11. \*If "YES" please explain: \_\_\_\_\_

12. Describe the current impact of the condition, including the negative health impact that may result if dining accommodation requests are not met. **Please be specific as the student's documented condition must be directly related to his/her inability to live in a traditional residential community, which you as a medical provider are certifying cannot be remedied in any other way (e.g. ongoing treatment, medication, etc.)**

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

13. How does the student's condition impact his/her ability to function effectively in campus dining locations?

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

14. Please specify what accommodation you recommend.

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

Please note that food preferences are insufficient to warrant a dining accommodation.

15. If the recommended accommodation(s) is/are not possible, what alternative reasonable accommodations can address the stated needs?

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

16. Under the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973, a disability is defined as a physical or mental impairment that substantially limits a major life activity. Examples of major life activities are caring for one self, performing manual tasks, walking, seeing, hearing, speaking, breathing and learning.

**I, the undersigned professional, certify that the above name student (check one):**

Meets the definition of having a disability (an impairment that substantially limits a major life activity) as defined by the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973.

Has a medical/psychological condition that is not a disability but may warrant consideration for housing accommodations.

Does not have a condition that requires the requested housing accommodations.

**I certify that my relationship with the student is as a medical/psychological provider, and that I do not have a nonprofessional relationship with this student.**

\_\_\_\_\_  
**Licensed Professional Signature**

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

Please include a signed sheet of official professional letterhead along with this application.

Name: \_\_\_\_\_ Degree: \_\_\_\_\_

State License Number or Professional Certification Information: \_\_\_\_\_

Office Address and Phone Number (stamp or write below):