



HOUSING & DINING SPECIAL REQUEST FOR MEDICAL REASONS Student Information - Please Read Carefully

If you are a student assigned to an NIU residential hall, special arrangements for Housing and/or Dining may be requested. Medical information must be submitted by a licensed healthcare provider confirming the presence of a medical condition that requires a special housing and/or dining arrangement.

1. Contact 815-753-1527 NIU Housing & Dining, Neptune Hall East to request change/s in your housing arrangement OR to be released from all or part of the Housing & Dining contract 815-753-9612.
2. For a medical condition which requires a special diet, you must first consult with Residential Dining Services (815-753-0561). If they are able to accommodate your dietary needs, it is not necessary to complete a medical request from Health Services.
3. If review of your health information is indicated, complete the *Student Application and Authorization – Special Housing & Dining Special Request* (page 2). Submit the completed form to NIU Health Services Administration Office, Room 422, DeKalb, IL 60115. This will permit NIU Health Services to communicate with Housing and Dining regarding the status of the medical request and recommendations. Please have a witness (over 18 years old) sign this form as well.
4. A licensed healthcare provider must submit the *Licensed Provider Medical Documentation Form* (page 3) to NIU Health Services. This form provides the medical condition and requirements for the need of special housing and/or dining accommodations. The original, signed documents must be received by NIU Health Services before a medical review begins. Please do NOT fax information to Health Services.
5. After receiving the medical documentation, NIU Health Services administrative physician will review the medical information submitted and make a *Recommendation*. This process normally takes 5 to 7 working days after completed medical information and forms are received by Health Services.
6. Housing & Dining Services will be notified by campus mail of the *Recommendation* for the change/s in your contract; a copy of the memo will be mailed to you (the student) as well. The Housing & Dining Office will make the final decision concerning contract changes.
7. If the medical information provided from your provider is not sufficient, Health Services will notify you by letter of this determination. You may submit additional medical information for the administrative physician to review.

If you have questions, please contact NIU Health Services Administration Office: 815-753-1316 or 815-753-9747, Monday – Friday 8 AM – 4:30 PM



**LICENSED PROVIDER DOCUMENTATION FORM
SPECIAL HOUSING and/or DINING REQUEST FOR MEDICAL REASONS**

Student's Full Name _____ Z-ID# _____

Semester and Year of Request _____ DOB _____

Please type or print the requested information in the space provided below and return this form with original signature to address above. Do NOT fax.

Air-conditioning in residence halls is only available until mid-September on a limited basis.

<ul style="list-style-type: none"> •Diagnosis and code of the severe medical condition that requires a special housing and/or dining arrangement. 	
<ul style="list-style-type: none"> •For the above condition, indicate: •All date(s) of evaluation and f/u treatment during the past six months •Location of evaluation and f/u treatment(s) (e.g., office, hospital OP, hospital IP, etc.); and •Nature/purpose of evaluation and/or treatment(s) provided. 	
<ul style="list-style-type: none"> •Specific medical findings, restrictions and other <u>objective</u> data that require a special housing and/or dining arrangements for the above patient. 	

Signature of Attending Licensed Healthcare Provider and Title Date

Printed Name, Business Address, Telephone Number