

Accommodation Registration for Continuing Students

General Information

First Name: _____ Second Name: _____

Preferred Name: _____ Date: _____
(if different from above)

Address: _____ City: _____

Province/State: _____ Postal/Zip Code: _____

U of A Student ID Number: _____ Contact Phone Number(s): _____

University of Alberta email address: _____ @ualberta.ca

May we phone you? Yes No

If No, specify preferred method of contact: _____

If Yes, may we leave a message? Yes No

Contact name in the event of an emergency: _____

Relationship: _____ Contact Phone Number(s): _____

Where are you residing while attending the U of A?

On campus (name of Residence): _____

Off campus Residence (please specify): _____

Address as indicated above? Yes No

If no, please provide address where you are residing/staying:

What is your current status at the University of Alberta? *Please check all that apply:*

- | | |
|--|--|
| <input type="checkbox"/> International Student | <input type="checkbox"/> Good Standing |
| <input type="checkbox"/> Full-time Student | <input type="checkbox"/> Academic Warning |
| <input type="checkbox"/> Part-time Student | <input type="checkbox"/> Returning from a Required to Withdraw |

What is your level of Academic Program?

- | | |
|--|---|
| <input type="checkbox"/> Extension | <input type="checkbox"/> PhD |
| <input type="checkbox"/> Undergraduate | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Masters | <input type="checkbox"/> Previous Degrees _____ |

Have you attended or will you be registering with other service(s) at the U of A?

(e.g. Fresh Start Program, Transition Year Program, Aboriginal Student Services)

- Yes If yes, indicate service(s) you will be accessing:



Authorization for Release of Information

I, _____ hereby voluntarily authorize Student Accessibility Services (SAS) to release information from my SAS file to:

Name of Contact: _____

Relationship/Institution/Organization: _____

Telephone number(s): Home: _____ Work: _____ Cell: _____

Email: _____

I agree that access to information about my SAS file to the contact(s) listed above will be for the following purpose(s) (e.g. sharing accommodation information, sharing funding related information):

This authorization may be revoked by me at any time through a written request; however, it will not apply to information shared prior to the written request being received by SAS.

This authorization shall expire on:
(Specify date, event, e.g. upon graduation, or date one year from date signed.)

Signature of Student: _____

Signature of Witness: _____

Print Name: _____

Print Name: _____

Date: _____

Date: _____

Acknowledgement of Usage of Personal Information

Personal information provided as part of the Continuing Student Accommodation Renewal Package is collected under the authority of Section 33.(c) of the Alberta Freedom of Information and Protection of Privacy Act for the purpose of administering the programs offered through Student Accessibility Services (SAS).

Personal information in the Renewal package may be shared, on a need to know basis, with University of Alberta faculties, departments or units.

I hereby give permission for the information I have provided to be used for the above noted purposes.

I also understand that verification of my disability(ies) or medical condition(s) may be required prior to accessing the services available through SAS and that I may be asked to update related documentation periodically.

Questions regarding the collection, use and disposal of this information can be directed to:

Student Accessibility Services,
1-80 SUB, at 780-492-3381
or e-mail sasrec@ualberta.ca

Augustana campus students should
direct questions to 780-679-1649 or
augsas@ualberta.ca

Signature: _____

Date: _____

Witness
Signature: _____

Date: _____

Agreement to Remit Funds

Payment will occur:

All students (except international students) using approved accommodation services with Student Accessibility Services (SAS) must apply for provincial and federal grants to defray the costs of those services. To the extent that provincial and federal grants do not cover the full cost of approved accommodation services for a Canadian student, and the student demonstrates that best efforts were used to acquire the maximum grant funding available, the University's normal practice is to assume responsibility for the balance of the cost of the approved accommodation service.

I,

_____ *First Name, Last Name*

_____ *U of A Student ID Number*

being eligible to apply for provincial and federal grants to defray the cost of accommodation services, hereby agree to pay the University of Alberta [Student Accessibility Services (SAS)], for the cost of service(s) provided to me during the academic year, as outlined in each Cost Outline of accessibility-related services.

I understand that:

- I am responsible for requesting, scheduling, and cancelling services using the correct forms and in accordance with deadlines and procedures related to the service outlined on the SAS website (<http://www.uab.ca/accessibility>).
- The SAS service(s) provided to me will be tracked by SAS, and I may ask to see an itemized list of services delivered.
- Charges apply to SAS service(s) that I request but do not use, unless I provide adequate notice of cancellation as outlined on the SAS website.
- Failure to pay the University of Alberta (SAS) for the cost of services provided to me during the academic year may result in:
 - an encumbrance placed on my student account, which may result in the inability to register for courses, obtain transcripts or convocate (University of Alberta Calendar section 23.9.10) until:
 - the outstanding balance has been remitted to SAS, or
 - a written agreement, outlining a payment schedule between SAS and myself, has been developed and signed.

- Payment to SAS will occur (check one):
 - Once I receive the Canada Access Grant for Services and Equipment for Persons with Permanent Disabilities (CSG-SE) for which I am applying through the Schedule 4 as part of the Canada Student Loan Application. I agree to remit payment for SAS accommodation service costs to SAS within 30 days of billing notice.
 - If, despite being eligible to apply for provincial and federal grants to defray the cost of accommodation services, I choose to use my own/personal financial resources to pay for service(s) provided by SAS, I agree to make full payment to SAS within 30 days of receiving an invoice from SAS.

- I further understand that:
 - SAS will issue a receipt for funds remitted for equipment and services provided by SAS.
 - I am required to submit receipts to Student Aid showing that grant monies I have received have been used for the intended purposes.
 - After clearing all balances with SAS, I am responsible for returning any unused grant funding to Student Aid.
 - If I fail to submit receipts to Student Aid showing that the grant monies I have received have been used for the intended purposes and/or if I fail to return any unused grant funding to Student Aid (the "Unaccounted for Funds"), and as a result the amount of my grant funds for the following year are reduced by the amount of the Unaccounted for Funds, I understand that, in the following year, I will be responsible for paying to the University of Alberta [SAS] the shortfall in funding created by the Unaccounted Funds. Failure to pay for the shortfall in funding will result in an encumbrance being placed on my student account or a suspension in services, as described above.
 - I am responsible for securing and submitting receipts to Student Aid for accessibility-related equipment and services received from non-SAS service providers (e.g., tutors, parking, etc.).
 - If I fail to seek grant funding where eligible, I will be personally responsible to pay SAS for the cost of accommodation services.

Signature: _____

Date: _____

Witness
Signature: _____

Date: _____

Personal information is collected under the authority of Section 33.(c) of the Alberta Freedom of Information and Protection of Privacy Act for the purpose of administering the programs offered through Student Accessibility Services (SAS). Personal information on this form may be shared, on a need to know basis, with U of A faculties, departments or units. Questions regarding the collection, use and disposal of this information can be directed to Student Accessibility Services, 1-80 SUB, University of Alberta, 780-492-3381, or sasrec@ualberta.ca. Augustana students can direct questions to 780-679-1649 or augsas@ualberta.ca.

Continuing Students Accommodation Renewal

Student Name: _____ Student ID Number: _____

Accessibility Advisor: _____

List current accommodations:

Answer the following questions (bullet points please).

1. Briefly overview academic successes and challenges over the past year. (e.g. courses excelled in, courses passed, withdrawals, etc.)

2. What role did your strengths play in the successes? What role did barriers in the environment or impacts of disability play in the challenges?

3. Reflecting on the past academic year, what SAS accommodation met your accessibility-related needs and why?

4. Reflecting back on the past academic year, what SAS accommodations did not address your accessibility-related needs and why?

5. Did you have SAS accommodations that you did not use? (If no – skip this question) If yes, which ones would you use in the future and why?

6. Based on the above, list the SAS accommodations are required for the coming year? SAS Accessibility Advisors will renew only those accommodations requested.

7. Do you believe additional accommodations are required and accessibility-related? (If no—skip this question) If yes, provide a rationale below and book an appointment with your Accessibility Advisor to further explore.



Funding Confirmation

Student Name: _____ Student ID Number: _____

1. Based on personal need and/or the information provided above, have you submitted a student loan application for this school term/academic year?

Yes. Please provide confirmation information/number: _____

No. Please indicate reason: _____

2. Do you receive funding from another organization (WCB, Band, insurance, etc.) to attend school? If yes, please provide, name and contact information:

Note: Once the above information is received and reviewed, your Accessibility Advisor may complete additional funding forms based on provincial requirements. Funding forms include costs of services requested. Contact SAS at sasrec@ualberta.ca or **780-492-3381** to obtain a copy of the funding requested.

Grant funds for services and equipment must be used for the purpose outlined in your letter from Student Aid. Receipts and unused funds must be returned to the province providing the grants. Details can be found at (http://www.esdc.gc.ca/en/student_loans/provincial.page)



Explanation to Practitioner for the Purpose of Verification of Permanent or Long-Term

To: Whom It May Concern;

Student Accessibility Services (SAS) provides individualized services to students with disabilities to support them in successfully meeting their educational goals. **Students accessing services through SAS are required to provide documentation of a permanent health condition or long-term disability.** In addition, students applying for government grant funding to cover the cost of such services/accommodations are also required to provide verification of disability to determine eligibility.

The documentation of disability must be provided by a medical practitioner appropriately qualified to be involved in the diagnosis(es) and/or in the treatment of the individual. Enclosed you will find a brief form. SAS requests that you complete this form, or provide a similar document that outlines:

- 1. The diagnosis(es) and/or nature of the condition;**
- 2. Whether or not the condition is long-term, permanent or temporary; and**
- 3. The impact of the condition when completing academic coursework, completing field or clinical placements associated with the student's program of studies, when interacting in the university environment.**

***As the medical professional, your role is to identify impacts of the diagnoses. Specific accommodation decisions are based on the information provided by the student (including the form you are asked to complete), essential competencies required in the program/degree/or course, and case-by-case factors. Medical professionals do not need to identify specific accommodations.*

The information can be sent to the above address, to sasrec@ualberta.ca, or faxed to 780-248-1665. If you have questions, please contact SAS at 780-492-3381 or sasrec@ualberta.ca. Thank you for your attention to this matter.

Sincerely,

SAS Accessibility Advisors

Verification of Disability

Print the full name of the client or patient: _____

1. Nature of the Disability

Provide the specific diagnosis(es) and describe the nature of the disability(ies). In the case of mental health diagnoses, please include reference to the DSM V criteria.

How long has the condition been present? _____

Is the diagnosis(es):

Temporary? *Please indicate approximate time to return to full function:*

Permanent? (i.e. not likely to fully resolve within the individual's life time)

Stable? (i.e. Impacts in communal living environments with rules involving scents, combustion, etc. not likely to exacerbate)

Degenerative? (i.e. impacts likely to exacerbate)

2. Impact of the Disability on Academics and Practicum Placements:

Does this diagnosis(es) affect the following? Indicate impact below.

Energy level _____

Communication _____

Exam Writing _____



- Read _____
- Write _____
- Retain information (memory) _____
- Mobility _____
- Ability, over extended periods, to:
 - Take notes _____
 - Remain seated or stationary _____
 - Maintain focus or concentration _____
 - Carry heavy objects _____
- Impacts in communal living environments with rules involving scents, combustion, etc. _____

I certify that the information provided on this form is accurate:

Certifying Professional: _____
(Print or use official stamp, include professional designation)

Address: _____

Phone: _____ Fax: _____

Signature of Certifying Professional: _____

Date: _____