

**University Cooperative Housing Association**  
**500 Landfair Avenue, Los Angeles, CA 90024**  
**(424) 325-8242**

**Housing and/or Workshift ACCOMMODATION REQUEST FORM**  
**To Be Completed by Qualified Disability/Medical Specialist**

Student Name: \_\_\_\_\_

This student is requesting a housing and/or choreshift accommodation while living in University Cooperative Hosuing Association (UCHA). By providing the information requested below, you will help complete this student's accommodation request process.

**Please submit this completed form accompanied by a letter on official letterhead from the medical professionals or with a letter from the DSP office at your college or university. Incomplete requests will not be reviewed until a complete request is submitted.**

Submit form to AMO - amo@ucha.coop or by mail or hand deliver to address above.

Medical or Health Care Professional Name: \_\_\_\_\_  
Medical or Health Care Professional Signature: \_\_\_\_\_  
Medical or Health Care Professional email: \_\_\_\_\_  
Medical or Health Care Professional phone number: \_\_\_\_\_  
Date Filled Out: \_\_\_\_\_

Medical or Health Care Professional Instructions:

Please verify that the student has a qualifying disability and how it will impact the student while in BSC housing. Please clearly address impact on housing and workshift separately as the accommodations offered for each are quite different.

Please complete the form below, selecting the accommodations you believe the student needs. Please attach a separate document explaining the reasons for each accommodation or note them on the form.

**UCHA Housing:** The UCHA offers housing in 3 room and board houses. Accommodations typically include single, double, and triple bedrooms in the room and board houses(with shared bathrooms). To learn more about the UCHA and our housing options, please visit [uchaonline.com](http://uchaonline.com)

Select	Recommended Accommodations (Housing)
	Automatic Door Opener
	Room with Elevator Access
	Roll-in Shower
	Visual Doorbell (typically for members with hearing impairments)
	Strobe Light Fire Alarm/Smoke Detector (typically for members with hearing impairments)
	Rental of an Additional Space for a Live-In Attendant
	Service Animal
	Assistance Animal
	Single Bedroom

**UCHA Choreshift Requirements:** As part of membership in the University Cooperative Housing Association, each member is required to contribute choreshift in order to help with cleaning, cooking, maintenance, events, meeting facilitation/minutes, and general upkeep of the units and with administrative office work at our main office. These choreshift tasks provide members with the opportunity to work with other members, learn new skills, and are key to the UCHA's ability to offer low-cost housing.

As workshift is an integral part of the cooperative experience, UCHA strives to work with each individual member to provide choreshift accommodations such that they are able to fulfill these requirements and contribute in the way(s) that best align with their needs. Whenever possible, we will work with members to offer priority assignment of choreshift tasks based on any limitations specified. In the event that we are not able to offer priority choreshift assignment that aligns with the member's limitations, we will work with the member to create an agreement and find tasks such that they are able to contribute toward the cooperative community.

Select	Recommended Accommodations (Housing)
	Limited Lift/Carry (specify the limits on weight/frequency)
	Limited Push and/or Pull (specify the limits on weight/frequency)
	Limited Standing/Walking (specify limits on time)
	Limited Sitting (specify limits on time)
	Limited Climbing/Stooping/Kneeling/Crouching/Crawling (specify all that apply)
	Limited Reaching/Handling/Feeling/Typing/Dexterity (specify all that apply)
	Limited Acuity, Depth Perception/Color Perception (specify all that apply)
	Limited Hearing/Speaking (specify all that apply)
	Limited Memory/Concentration (specify all that apply)
	Limited Social Interaction (provide details if needed)
	Limited Visibility/Privacy (provide details if needed)
	Limited Time of Day or Day of Week for Tasks (specify)
	Other Limitations That May Impact Member's Ability to Perform Workshift Tasks (please provide details)