

**Center for Students with Disabilities**

**Application for Services**

\*Please note that this form needs to be completed as a part of your

application for disability services.\*

**Demographic Data**: Please complete and/or review and update. **Date**:

**Name**:

Last First MI

**Preferred name (if different from above):**  **Gender:**

**Student ID #**: **Date of Birth**:

(mm/dd/yyyy)

**Whitewater Address (if current student)**: **Permanent Address**:

**Phone Numbers**:

Cell: Permanent:

**Email Addresses**:

Campus: Alternative:

**Student Status** (circle one):

Prospective Undergraduate Undergraduate Transfer Graduate/Professional Special/Guest

**If prospective or transfer student, I have completed an application for admission to UW-Whitewater**: Yes No

**If yes, semester that you are applying for admission**: Fall Spring Summer

**Additional Information**:

* Do you receive vocational rehabilitation services? Yes No No, but I would like to learn more
  + If yes, please list name & office location:
* Are you a Veteran or receiving Veteran Benefits? Yes No
* Have you attended an Opening Horizons Conference at UWW? Yes No

**Please Note:** Submission of a CSD Application does not imply you will receive services. In addition to this application, in order to be eligible for disability related services, students must have a documented disabling condition as defined by the Americans with Disabilities Act of 1990 (ADA), ADA Amendments Act 2009 and Section 504 of the Rehabilitation Act of 1973. Please refer to Eligibility and Documentation Requirements in the Center for Students with Disabilities page at <http://www.uww.edu/csd/policies/disability-documentation>

***Diagnostic Information***

***1. Please identify all disability diagnoses:***

***2. Onset of disability/date of diagnosis:***

-Continue on other side of application-

**Functional Limitations:** How does your disability(s) limit your ability to function in the following areas?

**0 = Not Applicable 1 = Unable to Determine 2 = Mild 3 = Substantia**l

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **0** | **1** | **2** | **3** |  |  | **0** | **1** | **2** | **3** |  |
|  |  |  |  | Caring for Oneself |  |  |  |  |  | Working |
|  |  |  |  | Talking |  |  |  |  |  | Interacting with Others |
|  |  |  |  | Hearing |  |  |  |  |  | Sleeping |
|  |  |  |  | Breathing |  |  |  |  |  | **Learning** |
|  |  |  |  | Seeing |  |  |  |  |  | * Reading |
|  |  |  |  | Walking/Standing |  |  |  |  |  | * Writing/Spelling |
|  |  |  |  | Lifting/Carrying |  |  |  |  |  | * Calculating |
|  |  |  |  | Sitting |  |  |  |  |  | * Memorizing |
|  |  |  |  | Performing Manual Tasks |  |  |  |  |  | * Concentrating |
|  |  |  |  | Eating |  |  |  |  |  | * Listening |

**I am requesting the following possible accommodations:**

* Academic Accommodation(s) (e.g.; classroom, test-taking, alternative media, interpreters, etc.)
* On-Campus Housing Accommodation(s) (e.g.; room modifications, air conditioning, accessible bathrooms, etc.)
* Service Animal

*Please describe the services you are currently receiving or received in the past (e.g.; can be from high school Special Education or 504 plan, accommodations on the ACT/SAT/GRE test, etc.):*

*Please indicate which services you are interested in receiving at UWW:*

**I am interested in the following fee based service(s) or program(s).** Eligibility for fee based services and programs are determined by CSD staff. Documentation meeting the UW-Whitewater guidelines is required.

* CSD Summer Transition Program (4-week academic session for incoming freshmen)
* Project ASSIST (one-to-one tutoring)
* Adaptive Transportation (pick-up/drop-off transportation service for eligible students)
* Out-of-Class Homework Aides (assistance with keyboarding, material manipulation, etc. – not tutoring)

For more information about these services see: http://www.uww.edu/csd/

**I will need a personal care attendant (PCA):** Yes No Unsure

CSD does not hire or pay for personal attendants; however, we can refer you to resources in the community. Please make contacts early as these services may take extended time to arrange.

**Submit this form with your documentation to:**

University of Wisconsin-Whitewater Phone Voice/TTY or Relay: (262) 472-4711

Center for Students with Disabilities CSD Toll Free Phone: (800) 628-3477

800 West Main St. Fax: (262) 472-4865

2002 Andersen Library Email: csd@uww.edu

Whitewater, WI 53190-1790 **Website: http://www.uww.edu/csd/**