

Berkeley Student Cooperative
2424 Ridge Rd.
Berkeley, CA 94709
P: (510) 848-1936

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 workshift accommodation while living in Berkeley Student Cooperative housing. 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 professional. Incomplete requests will not be reviewed until a complete request is submitted.

Submit form to Giovanni Smith, Housing Supervisor – email to gsmith@bsc.coop

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.

BSC Housing: The BSC offers housing in 17 room and board houses and 3 apartment complexes. Accommodations typically include single, double, and triple bedrooms in the houses (with large shared kitchens and bathrooms) and studio, 1-bedroom, 2-bedroom, 3-bedroom, and 4-bedroom apartments (with shared kitchens and bathrooms within each apartment). To learn more about the BSC and our housing options, please visit www.bsc.coop.

Select	Recommended Accommodations (Housing)
	Wheelchair Accessible Room
	Automatic Door Opener
	Room with Elevator Access
	Accessible Bathroom (including roll-in shower)

Student Name _____

	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 (see BSC Guidelines)
	Assistance Animal (see BSC Guidelines)
	Single Bedroom (in a house or apartment unit)

BSC Workshift Requirements: As part of membership in the Berkeley Student Cooperative, each member is required to contribute workshift 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 workshift tasks provide members with the opportunity to work with other members, learn new skills, and are key to the BSC’s ability to offer low-cost housing.

As workshift is an integral part of the cooperative experience, the BSC strives to work with each individual member to provide workshift 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 workshift tasks based on any limitations specified. In the event that we are not able to offer priority workshift 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.

Additional details about our workshift requirements and accommodations offered can be found here [BSC Workshift Policy](#) (see sections III.A.7 & III.A.8)

Select	Recommended Accommodations (Workshift Tasks)
	Limited Workshift Hours (three hours per week)
	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)