

## Emotional Support Animal Request for Housing and Residence Life

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Federal law (Fair Housing Act) allows individuals with disabilities the presence of emotional support animals in university housing. Emotional Support Animals are a category of animals that may provide assistance or emotional support to an individual with a disability that alleviates one or more identified symptoms of an individual's disability, but which are **not** considered Service Animals under the Americans with Disabilities Act (ADA). Emotional Support Animals are not pets.

Individuals requesting an Emotional Support Animal in any University of Idaho residence must be found eligible for this accommodation through the Center for Disability Access and Resources (CDAR). Documentation is required for this request. If documentation is insufficient, CDAR may require additional documentation at any point in the process.

The following steps must be completed, and all information determined to be accurate before approval for an Emotional Support Animal is made.

1. The individual has a disability that impacts a major life activity.
2. The individual has presented this completed form or other documentation to the Center for Disability Access and Resources (CDAR) office that describe the functional limitations of the individual's disability. **Documentation must be from a qualified medical provider who has an established relationship with the individual.**
3. The animal is necessary to afford the individual an equal opportunity to use and participate in UI housing.
4. There is an identifiable relationship between the impairment and the assistance the animal provides. This is determined through the documentation from a qualified medical provider.

### **SECTION 1 - To be completed by Student/Employee**

\_\_\_\_\_

Name (First and Last)

\_\_\_\_\_

Data of Birth (MM/DD/YYYY)

\_\_\_\_\_

V Number

\_\_\_\_\_

Phone Number

\_\_\_\_\_

Student/Employee Signature

\_\_\_\_\_

Date

***My signature authorizes my medical provider to release the following information to the University of Idaho.***

\_\_\_\_\_

Proposed ESA

## **SECTION 2: Emotional Support Animal Request – Medical Provider Form**

### **Medical Provider Instructions:**

*(The medical care provider need not use this specific form, but all the information requested here is necessary for the institution to have in order to consider the request for an ESA; the form is provided as a convenience.)*

The individual named above (Page 1) has indicated that you are the health care provider who has suggested that having an Emotional Support Animal (ESA) in University of Idaho housing will have therapeutic benefit in alleviating one or more of the identified symptoms or effects of the individual's mental health disability.

To determine whether this individual is eligible and to understand the need for accommodation(s), the CDAR office is requesting documentation. Generally, we accept documentation from providers in the State of Idaho and/or Washington or the individual's home state who have personal knowledge of the individual, consistent with their professional obligations.

Letters purchased from the internet for a set price rarely provide the information necessary to support an ESA request.

The Federal Trade Commission (FTC) has been asked to investigate websites that purport to provide documentation from a health care provider in support of requests for an ESA. The websites in question offer disability-related need for an ESA because the website operators and health care professionals who consult with them lack the personal knowledge that is necessary to make such determinations.

The completed form can be emailed to [cdar@uidaho.edu](mailto:cdar@uidaho.edu), or faxed to 208-885-9404 or returned to the individual.

**Emotional Support Animal Definition:** Emotional Support Animals are a category of animals that may provide assistance or emotional support to an individual with a disability that alleviates one or more identified symptoms of an individual's disability, but which are **not** considered Service Animals under the Americans with Disabilities Act (ADA). Emotional Support Animals are not pets.

**To facilitate a prompt review and help to avoid additional requests for documentation, please complete all questions. Failure to do so may result in delay or denial of a request.**

1. Federal law defines a person with a disability as someone who has a physical or mental impairment that ***substantially limits*** one or more major life activities. That suggests that a diagnosis (label) does not necessarily equate with a disability (substantial limitation). What is the nature of the individual's mental health impairment (that is, how is the individual ***substantially limited***?)

2. Are the individual's major life activities impacted or limited by the medical condition(s)?

Yes  No

- a. If yes, please list the major life activities:

3. When did you **first** meet with the individual regarding this mental health diagnosis (MM/DD/YY)?
4. When did you **last** interact with the individual regarding this mental health diagnosis (MM/DD/YY)?
5. In your opinion, how important is it for the individual's well-being that an ESA be in their residence on campus? What consequences, in terms of disability symptomology, may result if the accommodation is not approved?
6. Are there other accommodations in addition to or in lieu of an emotional support animal that would address the limitations of the individual's medical condition, thereby allowing the individual to live successfully in university housing?

#### **Information about the Proposed ESA**

*(Please note that there are some restrictions on the kind of animal that can be approved within University of Idaho housing: it is possible the individual may be approved for an ESA, based on the information you provide here, but may not be allowed to bring the specific animal named.)*

7. Are you recommending an assistance animal as part of the individual's treatment plan?  
 Yes    No
8. In your professional opinion, is the requested animal necessary to afford the individual an equal opportunity to use and participate in their university residence?  
 Yes    No
9. What specific symptoms will be reduced by having an ESA, and how will those symptoms be mitigated by the presence of the ESA?
10. What is the individual's history of using an emotional support animal, if any?
11. Have you discussed the responsibilities associated with properly caring for an animal while engaged in typical college activities and residing in campus housing? Do you believe those responsibilities might exacerbate the individual's symptoms in any way? (If you have not had this conversation with the individual, we will discuss with the individual at a later date.)

**SECTION 3 – Verification from a Qualified Healthcare/Mental Health Provider**

*Thank you for taking the time to complete this form. If we need additional information, we may contact you at a later date. The named individual has signed this form (page 1) indicating written permission to share additional information with us in support of the request.*

Please provide your name, title, and professional credentials-including license, certification, or areas of specialization, employment and the state/province and country in which you practice. **By signing below, you are certifying that you are not a family member of the individual named above, the clinical information provided was based on your current and comprehensive evaluation, and you have the professional training, background, and qualifications to provide the information.**

Medical Provider Name (Please Print): \_\_\_\_\_

Medical Provider Signature: \_\_\_\_\_

Professional Title \_\_\_\_\_ Date: \_\_\_\_\_

License/Certification Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Board Certification /Area of Specialization: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Position Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Web Address: \_\_\_\_\_