

Emotional Support Animal Request for University Residences

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.

Species and Characteristics of Animal Requested

SECTION 2: Emotional Support Animal Request – Medical Provider Form

Medical Provider Instructions:

The individual named above (Page 1) has requested an emotional support animal as a reasonable accommodation at the University of Idaho. To determine whether this student or employee is eligible and to understand the need for accommodation(s), the CDAR office is requesting documentation. The completed form can be emailed to cdar@uidaho.edu, or faxed to 208-885-9404 or returned to the student or employee.

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. General Description of Medical Condition(s):

2. Prognosis/Anticipated Duration:

Permanent/Chronic

Intermittent

Temporary, expected to last (days/weeks/months):

3. Date of Diagnosis (MM/DD/YYYY):

4. Date when the individual was last seen for this condition (MM/DD/YYYY):

5. Please describe how the individual's functioning is substantially limited by their medical condition/disability.

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

Yes No

a. If so, please list the major life activities:

7. Are you recommending an assistance animal as part of the individual's treatment plan?

Yes No

8. Does the animal alleviate/ameliorate the specific symptoms the individual is experiencing?

Yes No

- If yes, what functional limitations resulting from the individual's health condition would be alleviated by an emotional support animal? How would the animal alleviate these symptoms?

9. 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 student to live successfully in university housing?

10. Are you recommending a specific animal for the student or employee?

Yes No

- If yes, please specify type and breed: _____

11. Has this animal ever posed a direct threat to the health or safety of others?

Yes No Unsure

12. What is the individual's history of using an emotional support animal, if any?

13. In your professional opinion, is the requested animal necessary to afford the student an equal opportunity to use and participate in their university residence?

Yes No

14. (Optional) Please share any additional information relevant to assist the Center for Disability Access and Resources in reviewing this request.

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

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 student/employee 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: _____