

Emotional Support Animal Accommodation Request for Housing and Residence Life

Section 504 of the Rehabilitation Act of 1973 and the Fair Housing Act (FHA) require the University of Idaho to make reasonable accommodations for individuals with disabilities who seek to have emotional support animals (ESAs) in university housing unless doing so would impose a fundamental alteration to the nature of the university's operations or impose an undue financial or administrative burden. Residents and prospective residents (referred to as "residents" in this document) can use this form to request an ESA accommodation from the Center for Disability Access and Resources (CDAR).

NOTICE: Residents must obtain prior written approval from CDAR to bring an ESA into university housing. Residents, including those eligible for but who have not received CDAR approval for an ESA accommodation, are subject to consequences under generally applicable housing policies for bringing an ESA into university housing without approval. However, under the FHA, a resident can request an ESA reasonable accommodation at any time, even after bringing an ESA into university housing.

Key Terms

When used in this document:

- A "**disability**" is a physical or mental impairment that substantially limits one or more major life activities. Housing providers are not entitled to know, and a resident is not required to identify, the resident's disability or diagnosis to obtain an ESA accommodation. A resident's failure to qualify as having a disability for purposes of another benefit or program does not necessarily mean the resident lacks a disability for purposes of an ESA accommodation.
- An "**emotional support animal**" or "**ESA**" is an assistance animal that helps a person with a disability manage symptoms of their disability by providing emotional, cognitive, or other similar support. ESAs are not pets and are not required to meet the more stringent standards applicable to Service Animals under the Americans with Disabilities Act (ADA). However, the university may request reliable documentation when the disability or disability-related need for an accommodation are not obvious or otherwise known.
- A "**reasonable accommodation**" is a change, exception, or adjustment to a rule, policy, practice, or service that may be necessary for a person with a disability to have equal opportunity to use and enjoy a dwelling, including public and common-use spaces, and that does not impose a fundamental alteration to the nature of the university's operations or impose an undue financial or administrative burden.

How to Request an ESA Accommodation

NOTICE: Residents must submit requests with all necessary reliable supporting documentation with sufficient lead time to allow CDAR to review and respond before the resident needs to bring an ESA into university housing. An ESA is not allowed in university housing without prior written approval.

To request an ESA accommodation:

- **All residents must** complete Section 1 of this form and return it to CDAR.
- **Unless the disability that forms the basis for the request for an ESA is obvious or otherwise known to the University, the resident must** provide reliable documentation confirming the resident's disability. One reliable form of documentation is Section 2 of this form completed by the resident's health care professional—e.g., physician, optometrist, psychiatrist, psychologist, physician's assistant, nurse practitioner, or nurse—confirming the resident's disability based on personal knowledge of the resident.
- **Unless the disability-related need that forms the basis for the request for an ESA is obvious or otherwise known to the university, the resident must** provide reliable documentation confirming the disability-related need for an ESA. One reliable form of documentation is Section 2 of this form completed by the resident's health care professional—e.g., physician, optometrist, psychiatrist, psychologist, physician's assistant, nurse practitioner, or nurse—confirming the resident's disability-related need for an ESA based on personal knowledge of the resident.

NOTICE: Some websites sell certificates, registrations, and licensing documents for assistance animals to anyone who answers certain questions or participates in a short interview and pays a fee. Under U.S. Department of Housing and Urban Development (HUD) guidance, a document granted by an online website for a fee generally is not, by itself, sufficient to reliably establish that an individual has a non-observable disability or disability-related need for an assistance animal under the FHA. Residents are encouraged to provide documentation from a healthcare professional in Idaho or Washington with an ongoing professional relationship with the resident involving the provision of healthcare or disability-related services.

SECTION 1 – Must be completed for all residents requesting ESA accommodations

Name (First, Middle Initial, Last)

Date of Birth (MM/DD/YYYY)

V Number

Phone Number

Housing Location

Unit Number (if known)

Type of ESA Requested

Name of Animal

Will the ESA be contained and if so, how (crate, cage, etc.)?

What work, tasks, assistance, or therapeutic emotional support does the ESA provide with respect to your disability (use additional pages if necessary)?

Acknowledgement & Agreement: By signing below, I confirm the truth and accuracy of the information I have provided. I understand that providing untruthful or inaccurate information on this form can lead to consequences under my housing agreement to the same extent as other untruthful or inaccurate information provided under the agreement.

I understand that there are some restrictions on the kind of animal that can be approved within University of Idaho housing. I acknowledge that it is possible to be approved for an ESA but not be allowed to use a specific animal for the ESA.

I also confirm that I have carefully reviewed the responsibilities associated with properly caring for an ESA while residing in campus housing, have discussed the potential impact of those responsibilities on my disability with my healthcare provider, am aware that the ESA may be subject to consequences up to and including removal from university housing for violations of policy (e.g. the animal injures someone or destroys property) and have discussed the potential impact of such as removal on my disability with my healthcare provider.

My signature also authorizes my healthcare professional to release the information requested in Section 2 of this form relating to [Check one] my disability my disability-related need for an ESA or both my disability and my disability-related need for an ESA.

Resident Signature

Date

SECTION 2 – To be completed by the resident’s healthcare professional to document the resident’s disability, disability-related need for an ESA, or both

A. INSTRUCTIONS

The individual following individual is requesting an accommodation for an emotional support animal (ESA) in university housing.

Name (First, Middle Initial, Last)

Date of Birth (MM/DD/YYYY)

The individual identified you as a healthcare provider who can support the request by providing reliable documentation confirming the individual’s disability, disability-related need for an ESA, or both. The individual authorized you to release the information requested in this form relating to the individual’s disability, disability-related need for an ESA, or both disability and disability-related need for an ESA. Please see the signed Section 1 of this form for the extent of the disclosure.

A healthcare professional need not use a specific form to provide reliable documentation for an ESA accommodation, but the information provided must reasonably support that the person seeking the accommodation has a disability and a disability-related need for an ESA accommodation if not obvious or otherwise known to the university. The questions in this Section are provided as a courtesy to facilitate the provision of reliable support for a request. Residents and their healthcare professionals who do not use this form are advised to review the U.S. Department of Housing and Urban Development’s [Guidance on Documenting An Individual’s Need for Assistance Animals in Housing](#) for more information on what details may be necessary to reasonably support a request.

Residents and their healthcare providers who wish to use this form to submit reliable documentation should complete this form and return it by email to cdar@uidaho.edu, by fax to 208-885-9404, or to the patient/applicant. Please review the entire form before completing this Section. **To facilitate a prompt review and help avoid additional requests, please answer all questions thoroughly. Failure to do so may result in delay or denial of a request.**

NOTICE: The university will report to proper authorities, including the Federal Trade Commission (FTC) and the Idaho Attorney General, any website that sells a certification, a registration, or other documentation to university residents or prospective residents without the personal knowledge necessary to make such determinations or that contains unreliable information. Such documentation is insufficient to establish an individual’s disability or disability-related need for an ESA.

B. QUESTIONS FOR HEALTHCARE PROVIDER

Questions About Healthcare Provider and Patient Relationship

_____ Healthcare Provider Name (Please Print)	_____ Position/Title
_____ License/Certification Number	_____ Issuing State
_____ Board Certification/Area of Specialization	_____ Name of Organization/Employer
_____ Business Address (Street, City, State, Zip Code)	_____ Phone Number
_____ Email Address	_____ Website Address

1. When did you **first** meet with the individual regarding the physical or mental impairment for which the ESA is recommended? (MM/DD/YY)

2. How do you meet with the individual? (e.g., in person, videoconference, telephone)

3. Before the request to complete this form, when was your **last** interaction with the individual regarding the physical or mental impairment for which the ESA is recommended? (MM/DD/YY)

4. How many times have you interacted with the individual regarding the physical or mental impairment for which the ESA is recommended?

5. Do you intend to see the student again and, if so, how frequently (e.g., weekly, monthly).

Questions to Confirm the Individual's Disability
[Complete Only if Authorized by the Individual in Section 1]

The university may not require a health care professional to provide an individual's diagnosis or other detailed information about a person's physical or mental impairments. However, the university relies on professionals to provide accurate information to the best of their personal knowledge, consistent with their professional obligations to assess requests for ESA accommodations. **Without disclosing the diagnosis or label for the individual or providing detailed information about the individual's physical or mental impairments, please answer the following questions with respect to the individual:**

6. Does a physical or mental impairment limit one or more of the individual's major life activities or bodily functions?
Yes No
7. If yes, identify all major life activities and bodily functions that are limited.
8. Is the limitation on one or more of the individual's major life activities *substantial*?
Yes No
9. If yes, explain which major life activities and why the limitation is *substantial*. Conclusory statements in response to this question (e.g., "Based on my professional experience the impact is substantial") are generally insufficient to establish a substantial limitation, so please be specific.

Questions to Confirm the Individual's Disability-Based Need for an ESA
[Complete Only if Authorized by the Individual in Section 1]

10. Are you recommending an assistance animal as part of the individual's treatment plan?
Yes No
11. If yes, explain why. General assessments (e.g., "The animal alleviates anxiety") are generally insufficient to establish a disability-based need for an ESA. Please be explicit in describing why the ESA is recommended.

12. What type of ESA are you recommending and why?
13. If the ESA is not a dog or a cat, please explain whether you have reliable information about this specific animal and what unique specific circumstances exist for this individual that make the recommended animal a better choice than a dog or cat, which are the most common ESAs and seem best suited to adapting to communal living settings on a college campus.
14. What specific symptoms will be reduced by having an ESA, and how will those symptoms be mitigated by the presence of the ESA? General assessments (e.g., “The animal alleviates anxiety”) are generally insufficient to establish a disability-based need for an ESA. Please be explicit in describing the impact of the ESA on symptoms of the individual’s disability.
15. In your professional 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?
16. What is the individual’s history of using an emotional support animal, if any?
17. Is there evidence that an ESA has helped this student in the past? If so, describe. If not, why do you believe introducing the ESA as a support is necessary or will be effective now?
18. Have you discussed the responsibilities associated with properly caring for an animal while engaged in the individual’s typical activities on campus (e.g., typical college activities, residing on campus)? Do you believe those responsibilities might exacerbate the individual’s symptoms in any way? Why or why not? (If you have not had this conversation with the individual, we will discuss with the individual at a later date.)

19. Please address the potential impact on the student if, after the individual begins living with the animal in university housing, the animal is permanently removed because of a violation of policy (e.g. the animal injures someone or destroys property). Balance the potential impact, if any, against the benefit that you expect the animal to provide to the student.

20. Are there other accommodations in lieu of an ESA that would address the limitations of the individual’s disability, allowing the individual to live successfully in university housing without an ESA?

Yes No

21. If yes, describe those accommodations.

C. ACKNOWLEDGEMENT AND CERTIFICATION

Thank you for taking the time to complete this form. If the university needs additional information, we will contact you. Please sign below.

I acknowledge that I am providing accurate information consistent with my professional obligations and based on personal knowledge of my patient/client, i.e., the knowledge used to diagnose, advise, counsel, treat, or provide health care or other disability-related services to their patient/client. I certify that I have the professional training, background, and qualifications to provide the information. I confirm that the information provided is my personal professional opinion based on clinical information obtained through a current and comprehensive assessment of the individual and is not based on generalizations about the potential for ESAs to help individuals with particular disabilities.

Healthcare Provider Signature

Date