

Reasonable Accommodation Verification Form for an Emotional Support Animal (ESA)

Student's Name: _____

Proposed Emotional Support Animal Name: _____

Type of animal: _____

Age of animal: _____

The above-named student has indicated that you are the health care provider who has suggested that having an Emotional Support Animal (ESA) in University housing will be helpful in alleviating one or more symptoms or effects of the student's disability. Generally, we accept documentation from providers in the State of Maryland or the student's home state who have personal knowledge of the student, 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 for sale documentation that is not reliable for purposes of determining whether an individual has a disability or 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.

So that we may better evaluate the request for this accommodation, please answer the following questions:

Information About the Student's Disability

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 student's mental health impairment (that is, how is the student substantially limited?)
2. Does the student require ongoing treatment?
3. How long have you been working with the student regarding their diagnosis?

Information About the Proposed Assistance Animal

(Please note that there are some restrictions on the kind of animal that can be approved for the residence hall; it is possible the student may be approved for an ESA, based on the information you provide here, but may not be allowed to bring the specific animal named.)

1. Is this an animal that you specifically prescribed as part of treatment for the student, or is it a pet that you believe will have a beneficial effect for the student while in residence on campus?

2. What symptoms will be reduced by having the Emotional Support Animal?

3. Is there evidence that an Emotional Support Animal has helped this student in the past or currently?

Importance of ESA to Student's Well-Being

1. In your opinion, how important is it for the student's well-being that the ESA be in residence on campus? What consequences, in terms of disability symptomology, may result if the accommodation is not approved?

2. 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 student's symptoms in any way? (If you have not had this conversation with the student, we will discuss with the student at a later date.)

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 student has signed this form (below) indicated written permission to share additional information with us in support of the request. We recognize that having an Emotional Support Animal in the residence hall can be a real benefit for someone with a significant disability, but the practical limitations of our housing arrangements make it necessary to carefully consider the impact of the student's request for an Emotional Support Animal on both the student and the campus community.

Please provide contact information, sign and date this form (below), and return it to:

Salisbury University

Disability Resource Center

1101 Camden Avenue

Salisbury MD, 21801

Email: disabilitysupport@salisbury.edu

Fax: 410-543-6088

Health Care Provider Contact information:

Address:

Telephone:

FAX and/or Email address:

Professional Signature: _____

Type of License: _____ **License #:** _____

Date: _____

STUDENT (Please sign this form before providing it to your health care provider)

By signing below, I consent to allowing my health care provider to share information relevant to my need for an ESA as an accommodation, as shown on this form, with Salisbury University, Disability Resource Center for the next 60 days.

Signature

Date