University of Kentucky Request for Emotional Support Animal in Housing

NOTE: ESA's may not be brought to the residence hall until official approval has been given from the Disability Resource Center. Please submit all necessary information by July 30 for the fall semester approval or January 15 for the spring semester to allow the office to fully consider your request.

(The healthcare provider must fill out the information requested here for the University of Kentucky to consider the request for an ESA; the form is provided as a convenience to the student.)

Student's Name:

Student's Email:

Student's Phone:

The above-named student has indicated that you are the health care provider who has suggested that having an Emotional Support Animal (ESA) in the residence hall will have therapeutic benefit in alleviating one or more of the identified symptoms or effects of the student's mental health disability. Generally, we prefer documentation from providers in the state of Kentucky or the student's home state who have personal knowledge of the student, consistent with their professional obligations.

Some websites sell certificates, reregistrations, and licensing documents for assistance animals to anyone who answers certain questions or participates in a short interview and pays a fee. Under the Fair Housing Act, a housing provider may request reliable documentation when an individual requesting a reasonable accommodation has a disability and disability-related need for an accommodation that is not obvious or otherwise known. In HUD's experience, such documentation from the Internet is not, by itself, sufficient to reliably establish that an individual has a non- observable disability or disability-related need for an assistance animal. (Excerpt from 2020 HUD Guidance)

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

Information About the Student's Disability:

Federal law defines a person with a disability as someone who has a physical or mental impairment that <u>substantially limits</u> 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 <u>student substantially</u> limited?)

Documentation of disability must come from a source with sufficient direct personal knowledge of the individual to clarify the need for the ESA and the nexus between the disability and the presence of the animal in housing.

- When did you first meet with the student regarding this mental health diagnosis? _______
- When did you last interact with the student regarding this mental health diagnosis? ____
- How often have you seen the student (plan to see the student) for further counseling/treatment?

What specific symptoms is this student experiencing, and how will those symptoms be mitigated by the presence of the ESA? General assessments are typically insufficient. For example, a statement that "The animal alleviates anxiety" is too general and does not explain HOW the animal may alleviate the symptoms of this student's disability.

Information About the Proposed ESA:

(Note: there are some restrictions on the kind of animals that can be approved for the residence hall; reptiles (other than a turtle) and dogs over 75 pounds. Please be mindful of space for your animal in a dorm situation.

RE: Proposed ESA (if identified)

Name:	
Type:	
Age:	
Size:	

Dogs and cats are most often requested as ESAs and seem best suited to adapting to the communal living setting of the college residence hall. If another type of animal is being suggested for this student, please explain why you believe that animal is a better choice.

Is the animal named here one that you specifically recommended as part of treatment for the student, or is it a pet that you believe will have a beneficial therapeutic effect for the student while in residence on campus?

Is there evidence that an ESA has helped this student in the past or currently? If not, why do you believe this may be an effective support for the student now?

Importance of ESA to Student's Well-Being:

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

Please address the likely impact on the student should the following scenario occur: once the student is living with the animal in the student housing unit, the animal is permanently removed from the unit because of a violation of policy (e.g. the animal injures someone or destroys property) and balance this impact, if any, against the benefit that you expect the animal to provide to the student.

This student was provided with a copy of the rules and restrictions surrounding the presence of an animal in residence in University Housing. Has the student shared those restrictions with you? (www.uky.edu/drc) Yes _____ No _____

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 it 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, indicating written permission to share additional information with us in support of the request.

We recognize that having an ESA in the residence hall can be a real benefit for someone with a significant mental health disorder, but the practical limitations of our housing arrangements make it necessary to carefully consider the impact of the request for an ESA on both the student and the campus community.

Please provide contact information, sign and date this questionnaire (below), and return it to the University of Kentucky contact person:

Contact information:

Name: Address:	
Phone:	
Signature: Type of License: License Number: Date:	

STUDENT: (please sign this form before providing it to your mental health provider to complete): By signing below, I consent to allow my health care provider to share any information relevant to the need for an ESA as an accommodation, as shown on this form, with (personnel from the Disability Resource Center) for the next 60 days. If an animal is brought to campus prior to approval, you will be asked to remove the animal immediately. Also list an emergency contact person we can contact if an emergency arises.

Signature: _____

Emergency Contact Information:

Name:	 	
Number:		

University of Kentucky contact person:

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Please be reminded that with this form, you will also need vaccination records for your animal that shows proof of rabies vaccine, roommate agreement forms and a color picture of the animal. If you are missing any information, your request will not be granted.