

EMOTIONAL SUPPORT ANIMAL (ESA) HOUSING ACCOMMODATION REQUEST

Treating Practitioner's Disability Verification Form

Albion College is a residential campus that values the social development and academic success that coincide with the residential experience. We will engage in a process to offer solutions for on-campus residence life accommodations necessitated by a disability. Medical documentation and preferences will be taken into consideration during that process but may not be equal to the final solutions offered by Albion College as appropriate on-campus accommodations meant to fulfill the disability-related need. Our goal is to ensure that all students have the ability to safely and substantially attend classes, live on campus, and abide by college policy.

Albion College provides reasonable accommodations to persons with disabilities who have a verifiable need for the reasonable accommodation because of a disability as defined by the Americans with Disabilities Act (ADA). A reasonable accommodation is an exception to the usual rules or policies that a person with a disability needs because of their disability to have an equal opportunity to use and enjoy Albion College owned housing.

Documentation must be provided by a licensed or credentialed professional, with specific training or expertise related to the condition being diagnosed, who has an on-going therapeutic relationship with the student. This request must be fully legible for processing. Please feel free to attach a typed page with each response. This specific form need not be used, but all the information requested here is necessary for the institution to have in order to consider the request for an ESA.

Students, please fill out this section before giving to your qualified health professional

Student's Name: _____

Proposed ESA (if identified) Name: _____

Type of animal: _____ Age of animal: _____

The above-named student has indicated that you are the health care provider who has suggested having an Emotional Support Animal (ESA) in their campus housing 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 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

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).

1. 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 has the student been an established patient with you? _____
4. When did you first meet with the student regarding this mental health diagnosis? _____
5. In what context (was it a face-to-face meeting or a virtual interaction)? _____
6. When did you last interact with the student regarding this mental health diagnosis? _____
7. Please describe your professional training, experience, and/or education related to providing ESA recommendations below.

Information About the Proposed ESA

(Please note there are some restrictions on the kind of animal that can be approved for campus housing; 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. Generally, the presence of only one ESA will be approved for a student, in order to fulfill the intent of the FHA requirements in providing support to the student with a mental health disability.)

8. Is the animal named here one 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?
9. Which specific symptoms will be reduced by having an ESA, and how will those symptoms be mitigated by the presence of the ESA?
10. Is there evidence an ESA has helped this student in the past or currently? If so, please describe.
11. Does the student already have an established relationship with the particular animal being requested as an ESA?
12. In your opinion, how important is it for the student's well-being that an ESA be in residence on campus?
13. What consequences, in terms of disability symptomology, may result if the accommodation is not approved?

14. You discussed the responsibilities associated with properly caring for an animal while engaged in typical college activities and residing in campus housing? Yes/No

15. Do you believe those responsibilities might exacerbate the student's symptoms in any way? Yes/No
If yes, please describe:

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.

MEDICAL/HEALTHCARE PROVIDER INFORMATION

THIS SECTION MUST BE COMPLETED, SIGNED OR STAMPED WITH PROVIDER'S OFFICE INFORMATION

The provider completing this form cannot be related to the student

I certify, by my signature below, that I conducted or formally supervised and co-signed the diagnostic assessment of the student named above and have an on-going therapeutic relationship.

Provider's Signature: _____ Date: _____

Printed Name and Title: _____

Type of License: _____

State of License: _____ License Number: _____

Address: _____

Phone: _____ Fax: _____

To Return form DIRECTLY send to: accessibility@albion.edu or via fax at: 517-629-0578

AUTHORIZATION TO RELEASE HEALTH CARE INFORMATION (Student completes)

I authorize my provider listed above to release health care information to Albion College. Furthermore, I authorize my provider to discuss any information relevant to my need for an ESA as an accommodation, as shown on this form, with the appropriate and qualified Albion College for the next 60 days.

Provider Name: _____ Provider Specialty: _____

Student's Name: _____ Student ID Number: _____

Students Albion College email: _____ Class year: FR SO JR SR

Student's Home Address: _____ Street _____ City _____ State _____ Zip Code _____

Student/Parent's Signature: _____ Date: _____

Parent/Legal Guardian signature is required if the student is under 18 years of age.