

REQUEST FOR INFORMATION Re: Emotional Support Animal

The health care provider need not use this specific form, but as much information as possible helps to **expedite the process and avoid delays**; it is helpful and most is necessary for the institution to have to properly evaluate the request for an ESA; the form is provided as a convenience.)

Student's Name: _____

Re: 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 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 accept documentation from providers in the State of Missouri or the student's home state who have personal knowledge of the student, consistent with their professional obligations/specialty areas. Form letters or 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:

*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).

Information about the Student's Disability

1. Do you believe this student has a disability?

2. If yes to above, what major life activity (activities) is substantially limited?

3. How is the student **substantially limited** concerning that major life activity (or activities)?

4. Does the student require ongoing treatment?

5. When did you first meet with the student regarding this mental health diagnosis? _____

6. Approximate appointments in between? _____

(Should be established and ongoing care)

7. When did you last interact with the student regarding this mental health diagnosis? _____

Information about the Proposed ESA

(Please note that there are some restrictions on the type 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. Please consider the size and temperament of the ESA you are recommending for the student. As it will be housed in a dorm room, in a communal living environment around other students.)

8. Is the animal named here one 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? (There is a pet dorm on campus if a pet is what is requested on campus rather than an ESA)

9. What **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 that an ESA has helped this student in the past or currently? Please describe.

11. How are you integrating the ESA into on-going treatment?

12. Please describe your patient-animal observations through on-going therapy:

Importance of ESA to Student's Well-Being

13. In your opinion, how important is it for the student's well-being that an ESA be in residence on campus?

14. Are there any other treatments or accommodations that could help the student alleviate the symptoms by other means rather than an ESA?

15. What consequences, in terms of disability symptomology, may result if the accommodation is not approved?

16. This student was provided with a copy of the rules and restrictions surrounding the presence of an animal in residence in the University housing. Has the student shared those restrictions with you?

Circle one: Yes/No

17. Have you discussed the responsibilities associated with properly caring for an animal while engaged in typical college activities and residing in campus housing?

18. Do you believe those responsibilities might exacerbate the student's symptoms in any way?

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 that rises to the level of a disability, 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, communal living environment, and the campus community.

Please provide contact information, sign and date this questionnaire (below), and return it to (institutional contact info).

For REFERENCE

******<https://disabilityservices.truman.edu/files/2022/08/American-Counseling-Association-Position-on-ESAs.pdf>

Contact information:

Name: _____

Address: _____

Telephone: _____

FAX and Email address: Fax: _____

Email: _____ @ _____

Professional Signature: _____

Type of License: _____ License #: _____ Date: _____

Student should sign next page prior to providing form to established and ongoing treatment provider.

STUDENT (please sign this form below **before** providing it to your mental health provider to complete):

By signing below, I consent to allowing my health care provider to share any information relevant to my need for an ESA as an accommodation, as shown on this form, with (*personnel from the DSS office*) for the next 60 days.

Printed Name.

Signature

Truman State University
100 E. Normal St
Student Access and Disability Services Office
660-785-4478 phone
660-785-4490 fax
studentaccess@truman.edu or jsneddon@truman.edu

Date