



Housing Accommodation Emotional Support/Assistance Animal Request Form

Bethune-Cookman University provides reasonable accommodations to students with disabilities who have a verifiable need for accommodation. A reasonable accommodation may include an exception to the usual rules, policies, practices, or services that a resident with a disability may need for the full benefit or enjoyment of University housing. One such accommodation may be allowing the student's emotional support animal to reside in the residence of the student.

The university recognizes that having an ESA in the residence hall can be beneficial for individuals with a significant mental health disorder. The university will carefully consider the practical limitations of our housing arrangements as well as the impact of the requested ESA on both the student and the university community to determine whether an ESA would be a reasonable accommodation. Students will be notified via campus email as to the committee's decision within 30 days of this form being submitted.

The student's care provider must provide all information requested.

- The provider must be a licensed psychiatrist, social worker or other licensed mental health professional and must have an ongoing therapeutic or treatment relationship with the student. The provider may not be related to the student.
- The attached packet is to be completed by the Provider whose credentials that must appear at the end of the document.
- We accept documentation from providers 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.

TO BE COMPLETED BY THE STUDENT

Student Name: _____ Student ID#: _____

Email Address: _____

I am (please check one): _____ a current student _____ an incoming new or transfer student

Animal Name: _____ Type of Animal/Age: _____

Year for which I am requesting accommodation to begin: _____

I request that information from my mental health professional be used in support of my request for a housing accommodation/emotional support animal. I understand that this documentation will be reviewed by and discussed with members of the Housing Committee as appropriate and protecting confidentiality to the extent possible.

By signing my name, I verify I have read, understand and will adhere to the rights and responsibilities outlined in the ESA/Assistance Animal Policy and Guidelines.

Furthermore, I give my consent for any member of the Housing Committee to contact my mental health professional for additional information as needed.

Student Signature: _____ Date: _____

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.

Disability information to be completed by the health care professional

The student named below has indicated that you are the (physician, psychiatrist, and/or mental health professional) who has suggested that having an Emotional Support Animal (ESA)/Assistance Animal 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.

Student Name: _____

So that we may better evaluate the request for this housing accommodation, being sure to address the **impact of the student’s limitation on one or more major life activities** in detail.

INFORMATION ABOUT THE STUDENT’S DISABILITY

Federal law defines a person with a disability is defined 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).

Is the student’s condition as they currently experience it classified as a disability? ___Yes___No

What is the nature of the student’s mental health impairment, (*that is, how is the student substantially limited*)? _____

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? _____

Approximate onset of diagnosis: ___/___/___ Does the student require ongoing treatment? _Yes_No

Currently under your care? ___Yes___No Length of time under your care? _____

INFORMATION ABOUT THE PROPOSED ESA

(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.)

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? _____

What specific symptoms will be reduced by having an ESA, and how will those symptoms be mitigated by the presence of the ESA? Please explain in detail the connection between the animal and the symptom reduction and how this would allow the student to have full participation in University housing. _____

Is there evidence that an ESA has helped this student currently or in the past? _____

IMPORTANCE OF ESA TO STUDENT’S WELL-BEING

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? _____

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? _____

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

PROVIDER INFORMATION

(Note: the name of the individual provider, provider’s practice, and the physical address of the practice must be provided). By signing this document, you verify that the person named as the Provider above completed the information provided.

Print Name: _____
Title: _____
Credentials or Certification: _____
Practice/Business Name: _____
Street Address: _____
City, State, Zip: _____
Phone: _____
Signature: _____

<i>Provider’s Clinic Stamp or License Number Here:</i>
--

Date: _____

This form is not to be given to the student, please send directly to the address, email or fax below.

Office of Student Resource Services
Bethune-Cookman University
640 Dr. Mary McLeod Bethune Blvd.
Daytona Beach, FL 32114

(386) 481-2172 (phone)
(386) 481-2174 (fax)
Studenthealth@cookman.edu

For office use only:

Date received: _____
Committee decision & date: _____
Notification: _____