

Emotional Support Animal (ESA) in University Housing Documentation Form

This section is to be completed by the person requesting an ESA in University Housing

Full Name:	Student ID# (or date of birth):	Date:
Name of ESA, if known:	Animal Type:	Age of Animal:
Housing Location, if known:	Roommate(s): Yes No	

The person named above will be living in University Housing at Western Oregon University, and they are requesting an Emotional Support Animal (ESA) due to a disability. Documentation and information will assist Disability Access Services (DAS) in understanding how disability impacts the individual, as it relates to the ESA request. Students and their partners or dependents may request **one** ESA in University Housing. Requests for multiple ESAs will be considered in exceptional circumstances. In such cases, specific, in-depth documentation addressing the need for more than one ESA is required.

A Qualified Licensed Provider must have expertise in the disability diagnosis and follow established best practices in the field. This form was created to assist Qualified Licensed Providers in documenting accommodation needs in a communal housing setting. If preferred, the questions listed below may be addressed in a signed, formal letter on professional letterhead. Documentation and relevant information must be provided by an appropriate Qualified Licensed Provider; paperwork completed by a family member will not be accepted. Documentation and accommodations are reviewed, evaluated, and determined on a case-by-case basis.

Interactive Accommodation Process: The legal definition of disability includes two elements: (1) a physical or mental impairment, which (2) substantially limits one or more of the major life activities of the person in question. Major life activities include, but are not limited to: walking, breathing, seeing, sleeping, hearing, performing manual tasks, learning, bodily systems such as immune function, and working. Thus, disability has both diagnostic and functional elements, and **both** need to be documented for effective accommodation determination.

The Qualified Licensed Provider should respond to all questions with as much detailed information as possible. Please include the specific disability diagnosis that impacts the students' physical, emotional, and/or cognitive function in the residence halls. Vague statements such as 'suggest' or 'is indicative of' will not be accepted.



<i>Diagnosis information</i>	
Diagnosis & ICD-10 or DSM-5 code:	Severity (for each diagnosis):
Date of initial diagnosis:	Date first seen:
Date last seen:	Number of visits:

What evidence supports the diagnosis or diagnoses?

How long has the student experienced this condition, and what is the expected duration? What is the student's current treatment (medication, counseling, etc.)?

Is the proposed Emotional Support Animal (ESA) specifically prescribed by you as part of treatment, or is it a pet that you believe will have a beneficial effect for the student while residing on campus?



What disability-related symptoms would be reduced by the Emotional Support Animal?

What evidence exists that the Emotional Support Animal has helped the student (now or in the past)?

Have you discussed the responsibilities associated with properly caring for an animal while engaging in typical college activities and residing in University Housing?

Do you believe those responsibilities might exacerbate the student's symptoms in any way? If so, how?

What additional information would you like to add that you believe would be beneficial to determine University Housing accommodation(s) at Western Oregon University?

Please attach any other information that is relevant to the individual's diagnosis (such as evaluations, assessments, or reports) to support the individual's request for accommodations in University Housing.



The Federal Trade Commission (FTC) has been asked to investigate websites that purport to provide documentation from a healthcare 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 healthcare professionals who consult with them lack the personal knowledge that is necessary to make such determinations.

Certification

I, the undersigned, certify that (a) I am the Qualified Licensed Provider* responsible for determining the diagnosis and/or treating the student for the condition/disability identified above; (b) the information contained in this form was completed by me; and (c) the information is an accurate description of the students' diagnosis and current functional limitations.

Provider Signature:	Date:
Printed Name and Title:	License #:
Street Address or PO Box:	Telephone #:
City, State, Zip Code:	Fax #:

**Qualified Licensed Providers must have expertise in the disability diagnosis and follow established best practices in the field.*