

REQUEST FOR INFORMATION Re: Emotional Support Animal

DEAR STUDENT,

Please complete and sign below before giving all pages of the ESA Provider Form to your mental health provider. Do not complete any other portions of this form.

Student's Name: _____

Student's Email: _____ Student's Contact Phone #: _____

By signing below, I consent to allowing my healthcare provider to share any information relevant to my need for an ESA as an accommodation, as shown on the attached ESA Provider Form, with the ATU Office of Disability Services (DS) for the next 60 days.

Student Signature

Date

DEAR HEALTHCARE PROVIDER,

The above-named student has indicated that you are the healthcare 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. Please provide the necessary information per the following guidelines. Generally, we prefer documentation from providers in the State of Arkansas or the student's home state who have personal knowledge of the student, consistent with their professional obligations.

An emotional support animal registration of any kind, including but not limited to an identification card, patch, certificate, or similar registration obtained electronically or in person, is not, by itself, sufficient information to reliably establish that an individual has a disability-related need for an emotional support animal.

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, which suggests that a diagnosis (label) does not necessarily equate with a disability (substantial limitation).

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.

To establish the need for the ESA and the nexus between the disability and the presence of the animal in housing, the information requested in this form should:

- Be completed by the student's current qualified healthcare provider, who has maintained an established therapeutic relationship with the student for at least thirty (30) days and has provided treatment for their mental health disability within the past year.
- Be completed based on the current provider's direct clinical knowledge of the student's disability and disability-related need for an ESA, as acquired through a comprehensive evaluation process and the ongoing implementation of an individualized treatment plan.
- Be completed as clearly and thoroughly as possible. Incomplete responses, missing information, and illegible handwriting will require additional follow-up that may delay the review process.
- Be supplemented with relevant evaluative or diagnostic reports that provide a more complete understanding of the student. Case notes or rating scales should only be submitted when accompanied by a narrative explanation of the results.
- Be submitted to the ATU Office of Disability Services (DS). All documentation will be held strictly confidential. This form may be released at the student's written request.

Submit the following information as requested in this ESA Provider Form to the ATU Office of Disability Services:

By fax to (479) 968-0375

OR

By email to disabilities@atu.edu

ESA PROVIDER FORM

Information About the Student's Disability

Student's Name: _____

Student's DOB: _____

1. When did you first meet with the student regarding this mental health diagnosis? _____
2. What is the nature of your meetings (i.e., face-to-face meetings or virtual interaction)? _____
3. When did you last interact with the student regarding this mental health diagnosis? _____
4. How often have you seen the student (or plan to see the student) for further counseling/treatment?
_____.
5. DSM-V Diagnosis or ICD Code: _____
 - a. Severity: Mild Moderate Severe
 - b. How did you arrive at the diagnosis listed above? (Please check all that apply):

<input type="checkbox"/> Behavioral Observations	<input type="checkbox"/> Clinical Interview (Structured or Unstructured)
<input type="checkbox"/> Developmental History	<input type="checkbox"/> Educational History
<input type="checkbox"/> Medical History	<input type="checkbox"/> Interviews with Others
<input type="checkbox"/> Rating Scales	<input type="checkbox"/> Other – Please Specify: _____
6. Describe the nature of the student's mental health impairment (that is, how is the student ***substantially limited?***)
7. What **specific symptoms** is this student experiencing, and **how** will those symptoms be mitigated by the presence of the ESA? (**Note:** a general statement that "The animal alleviates anxiety" or "provides comfort" does not sufficiently explain HOW the animal may alleviate the symptoms of this student's disability.)

ESA PROVIDER FORM (Continued)

Information About the Proposed ESA

(Note: 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.)

Proposed ESA (if identified):

Animal name: _____

Type of animal: _____ Age of animal: _____

Estimated size of the cage/crate needed for containment: _____

1. 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.

2. 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 effect for the student while in residence on campus?

3. What evidence is there that an ESA has helped this student in the past or currently? If there isn't any evidence, why do you believe this may be an effective support for the student now?

4. The student has been provided with a copy of the [University's Emotional Support Animal \(ESA\) Policy](#), which outlines the requirements, rules, and restrictions applicable to ESAs in campus housing. Has the student discussed these requirements and the responsibilities associated with caring for an ESA while attending college and residing in university housing?
 Yes No

