

Letter to the Professional

Dear Mental Health Provider,

A student who attends our university has indicated they are a patient/client of yours. They have requested that the following documentation be sent to the Accessibility Specialist to be utilized in the evaluation for, and approval of adjustments/accommodations in our residence hall. Adjustments/ accommodations are provided to students with disabilities in the post-secondary setting to ensure these students have equal access to the environment and educational opportunities of the university. The Accessibility Specialist with Accessibility Services has been vested by the institution with authority to evaluate and approve these adjustments/ accommodations for students with diagnosed and documented disabilities. The specific request of the student is that you have 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 disability.

We generally accept documentation from providers in the State of Oklahoma or 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 determination.

The following form was developed to assist providers with reporting an appropriate degree of information needed. There needs to be a clear connection between references to the animal assisting with relief, and the symptoms related to the student's disability. The mental health care provider need not use this specific form, but all the information requested here is necessary for the institution to have to consider the request for an ESA; the form is provided as a convenience. This form and any records can be submitted via email.

Email: AccessibilityServices@USAO.edu

Phone: (405)-574-1326

Thank you in advance for your attention to this matter.

Sincerely,

Accessibility Specialist - USAO

NOTE: ESA's may not be brought to the residence hall until official approval has been granted by the Accessibility Specialist in the form of a Housing Accommodation Letter. Please submit all necessary information with enough lead time to allow the office to fully consider your request.

Request for Disability Information Regarding a Request for an Emotional Support Animal (ESA)

*(The mental health care provider need not use this specific form, but **all** the information requested here is necessary for the institution to have in order to consider the request for an ESA; the form is provided as a convenience.)*

Student Name: _____

Student ID Number: _____

Student Email: _____

Student Contact Number: _____

The student above has indicated that you are their mental health care provider, and that you suggest having an Emotional Support Animal (ESA) in the residence hall will have therapeutic benefit in alleviating one or more of the identified symptoms of the student's mental health disability.

We prefer documentation from providers in the State of Oklahoma (or in the student's home state) who have personal knowledge of the student that is consistent with said provider's professional obligations.

Some websites sell certificates, registrations, and licensing documents for assistance animals to those who answer certain questions and/or participate in a short interview for a fee. Under the Fair Housing Act, a housing provider may request reliable documentation when an individual requesting reasonable accommodation has a disability/disability-related need for an accommodation that is not obvious or otherwise known. **In HUD's experience, such documentation from the internet is not, by itself, sufficient to reliably establish that an individual has a non-observable disability or disability-related need for an assistance animal. (Excerpt from the 2020 HUD Guidance)**

To better evaluate the request for this accommodation, please answer the following.

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 does not necessarily

equate with a disability (substantial limitation). What is the nature of the student’s mental health impairment (that is, how is the student **substantially limited**?).

Documentation of disability must come from a source with sufficient, direct personal knowledge of the individual to clarify the need for the ESA, and the nexus between the disability and the presence of the animal in housing.

When did you first meet the student regarding this mental health diagnosis?

What is the nature of your meetings (i.e., face-to-face meetings or virtual interaction)?

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

How often have you seen the student (or plan to see the student) for further counseling/treatment?

What specific symptoms is this student experiencing, and how will those symptoms be mitigated by the presence of an ESA? (Please note: General assessment is typically insufficient. For example, stating “the animal alleviates anxiety” does not explain HOW the animal may alleviate specific symptoms of this student’s disability.

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 mentioned.)

Proposed ESA (if identified):

Name: _____ **Type of animal:** _____ **Age of animal:** _____

Size of the cage/crate needed for containment: _____

Dogs and cats are most often requested as ESA's 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 specific animal is a better choice.

Is there evidence that an ESA has helped this student either in the past or currently? If not, why do you believe this may be an effective support for the student now?

If the animal is approved to live on campus but is later removed due to violation of policy (e.g. the animal injures someone or destroys property), how do you believe this removal would affect the student? Is there a way to balance this impact against the benefit you expect the animal to provide for the student?

This student was provided with an Owner’s Rules & Responsibilities for Emotional Support Animals (ESAs) guide that discusses the presence of an animal living in the university housing. Has the student shared these rules and responsibilities with you? **Yes** _____ **No** _____

Have you discussed the responsibilities associated with proper care for an animal while residing in campus housing and engaging in typical college activities? Do you believe those responsibilities might exacerbate the student’s symptoms in any way? (If you have not had this conversation, Accessibility Services we will discuss this topic with the student at a later date.)

*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 (next page)** 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, 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.

Licensed Mental Health Professional's Contact information

Please provide your contact information, signature, and date of signature below before returning this packet to USAO's Accessibility Specialist at accessibilityservices@usao.edu.

Name: _____

Address: _____

Telephone: _____

Email address: _____ **Fax:** _____

Professional Signature: _____ **Date:** _____

Type of License/Certification: _____

License/Certification #: _____ **State of Licensure:** _____

ATTENTION STUDENT: Please sign this form 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 USAO *Accessibility Services Personal* for the next 60 days.

Student Name Print: _____

Student Signature: _____ **Date:** _____