



Emotional Support Animal – Request for Information

The person named below has requested an emotional support animal (ESA). An individual assessment of need and the practical limitations of campus require careful consideration be given to the impact of an ESA on both the student and campus community. Please complete this form to assist us in determining whether this request for an ESA is a reasonable accommodation based on disability.

Persons with disabilities who use (or seek to use) assistance animals, including emotional support animals, in housing are protected under the Fair Housing Act (FHAct), Section 504 of the Rehabilitation Act, and U.S. Department of Housing and Urban Development's (HUD) Section 504 regulations. These regulations define an assistance animal as an animal that works, provides assistance, or performs tasks for the benefit of a person with a disability, or provides emotional support that alleviates one or more identified symptoms or effects of a person's disability. While dogs are the most common type of assistance animal, under the FHAct, other animals can also be an assistance or emotional support animal (ESA). https://portal.hud.gov/hudportal/documents/huddoc?id=servanimals_ntcfheo2013-01.pdf. It is recommended that students start the ESA approval process early.

When will the student need housing accommodations to begin (indicate semester/year)?: _____

**Requests received less than sixty (60) days before move-in could result in delay of the accommodation if the accommodation requires hall/room placement or similar coordination. Dogs and cats must be a least one-year old and house trained before they can be considered for approval.*

Please note that the student must provide documentation from a licensed clinical professional who is familiar with the history and functional implications of the disability and must be familiar with ESA therapy. The clinician should provide the documentation directly to the Center for Students with Disabilities.

Student and Proposed Emotional Support Animal Information (completed by student):

Student's Name:	Student ID:
Date of Birth:	Assigned Housing Unit:
Emotional Support Animal Species:	Other Relevant Information:

Information Regarding the Proposed Emotional Support Animal (completed by student):

In what ways does the ESA alleviate one or more of the identified symptoms/limitations presented by your disability?	
What roles does the ESA play in your overall treatment plan, and what are the benefits of an ESA to your well-being?	
Why are you requesting this species as your ESA?	
Have you experienced a previous benefit from this ESA or a current benefit of having the ESA?	
Are you able to properly care for an ESA while engaged in typical college activities and/or residing in campus housing?	



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This section completed by UW campus disability representative via an interactive process. This information will be shared with University Housing:

Species & Age of Animal:	Height:	Housebroken: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Other Relevant Information:	Weight:	Is the animal venomous/poisonous? <input type="checkbox"/> Yes <input type="checkbox"/> No
Up-to-date on all vaccinations: <input type="checkbox"/> Yes <input type="checkbox"/> No		



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The following sections should be filled out by a licensed clinical professional.

Student/Client Name: _____

Date of Birth: _____

What is the student's diagnosis?	
How long have you been working with the student regarding this diagnosis?	
What are the specific symptoms/limitations the ESA mitigates while the student resides in University Housing?	
In what ways does the ESA alleviate one or more of the identified symptoms/limitations presented by diagnosis?	
What other interventions (i.e. meds, support groups) have been tried?	
What roles does the ESA play in the overall treatment plan?	
Has the student experienced a previous benefit from this ESA or a current benefit of having an ESA?	
What consequences, in terms of diagnosis symptomology, may result if an ESA is not provided?	
Plan for reassessing the ESA as a part of treatment.	



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FUNCTIONAL LIMITATIONS

Please complete the following by comparing the client/student to same age peers in the context of post-secondary education. For example, a rating of 2 would indicate that symptoms impact a major life activity on a regular basis and in a significant manner, while a rating of 1 indicates occasional impact that is modestly disruptive.

? = Unknown

0 = None

1 = Mild/Moderate

2 = Substantial/Severe

?	0	1	2		?	0	1	2	
				Caring for Oneself					Learning
				Talking					• Reading
				Hearing					• Writing
				Breathing					• Spelling
				Seeing-Close Distance					• Calculating
				Seeing-Long Distance					• Concentrating
				Lifting/Carrying					• Memorizing
				Sitting					• Listening
				Performing Manual Tasks					• Speaking
				Eating					Other:
				Working					Other:
				Interacting with Others					Other:
				Sleeping					Other:
				Walking/Standing					Other:

Please complete, sign and date this form. **Please return this form directly to the Center for Students with Disabilities.**

Center for Students with Disabilities
800 W. Main St, Andersen Library Building
Whitewater, WI 53790

Email: csdat@uww.edu
Phone: (262) 472-4711
Fax: (262) 472-4865

Clinician Name (print)	
Clinician Signature	
Medical Specialty	
License Number	
Address	
Phone	
Email	
Date	