

## Evangel University

### Department of Housing

# HEALTH CARE PROVIDER FORM: Emotional Support Animal (ESA) Documentation

## About this form

An Emotional Support Animal (ESA) is one that is necessary to afford the person with a disability an equal opportunity to use and enjoy Evangel University Housing. An ESA may provide physical assistance, emotional support, calming, stability and other kinds of assistance. ESAs do not perform work or tasks that would qualify them as "service animals" under the Americans with Disabilities Act. ESAs may still be permitted, in certain circumstances, in University Housing pursuant to the Fair Housing Act.

ESAs are allowed in the immediate dwelling (residence hall room). ESAs are generally not allowed in the common areas, dining hall, classrooms, library or other common areas of the campus.

**Purpose:** This questionnaire is designed to provide Student Support Services with information to evaluate an accommodation request to bring an ESA into University Housing. The attached form must be completed by the student's psychiatrist, psychologist, licensed social worker, or relevantly trained M.D. or mental health provider.

The provider may, as an alternative to this questionnaire, write a letter or report on official letterhead that addresses all questions included in this form.

**Interactive Accommodation Process:** The legal definition of a 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. Thus, disability has both diagnostic and functional elements, and **BOTH elements need to be documented for effective determination.**

**Emotional distress resulting from having to give up an animal because of a "no pets" policy does not qualify a person for an accommodation under federal law.**

When an ESA is approved for the living environment, that animal must reside in the students' room while the student is attending classes, visiting the dining halls, at the library, etc., and is generally not allowed in other areas of the campus.

*WARNING! This questionnaire serves to help Student Support Services at Evangel make an assessment of a student's request for an ESA as a housing accommodation. There are individuals and organizations that sell service animal certification or registration documents online and some will even provide alleged medical documentation of a disability after a brief phone interview. These services can be costly and are generally not recognized as legitimate by the University, the ADA or the DOJ. No federal or state agency requires that an ESA or service animal be "registered" or "certified" by a third-party (as of 2019); hence, most third-party online registration services take clients' money without providing a service that is actually necessary.*

## Emotional Support Animal (ESA) Documentation Information Form

### Student Information: (to be completed by student)

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Student Identification Number: \_\_\_\_\_

Student's requested accommodation is for the following term:

☐ Fall \_\_\_\_\_ ☐ Spring \_\_\_\_\_ ☐ Summer \_\_\_\_\_

### Instructions for the provider:

This form must be completed by a qualified professional with appropriate licensing and first-hand knowledge of the student's condition(s) through an established treatment history. Ideally, such professional should have experience in working with students and familiarity with the demands of living in an academic setting. This professional must not be a family member of the student.

Health care providers who may be unfamiliar with the legal requirements surrounding ESAs and the Fair Housing Act are encouraged to review the American Counseling Association's [Position Statement on Emotional Support Animals](#).\*

Your name, signature, title, and credentials must be provided on this form. [Please note: Section 1001 of Title 18 of the United States Code makes it a criminal offense to willfully falsify a material fact or make a false statement in any matter within the jurisdiction of a federal agency]. Please answer the questions as thoroughly as possible.

## Provider Information

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

License or Certification Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please provide answers to the following questions, keeping in mind that Federal laws define a person with a disability as, "any person who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such an impairment."

Does the student listed above have a physical or mental impairment that substantially limits one or more major life activities including, but not limited to: caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working?

☐ Yes ☐ No

Diagnosis/condition: (please list specific diagnosis, using DSM-V)

\_\_\_\_\_

Severity level (indicate for each diagnosis if more than one \_\_\_\_\_)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\*<https://www.ccu.edu/files/documents/life-directions/human-animal-interventions-in-counseling-interest-network-position-statement.pdf>. Also can be in PDF format by Student Support Services upon request.

Date first seen: \_\_\_\_\_

Anticipated duration (circle one):

- Does this student require ongoing treatment? Please explain.

1. Please summarize the functional limitations present as a result of this disability and how these affect the student in a housing situation (i.e. how the student is substantially limited in the housing environment by this diagnosis), based on your relevant treatment history and/or observations.
2. What disability symptoms (functional limitations) will be reduced by the student having the ESA in their campus housing with them (i.e. what is the nexus between the student's disability symptoms and the support that the animal provides)?
3. Is the proposed ESA a necessary/critical component of the student's treatment plan (i.e. is it specifically prescribed by you)?

4. What evidence exists that the proposed ESA has helped reduce the impact of the student's disability in the living environment (currently or in the past)?
5. In your professional opinion, what would the likely impact(s) be, in terms of disability symptoms, which may result if the ESA is **not** allowed?
6. Is there a different/another accommodation that could be provided in the living environment in addition to, or in lieu of, an ESA to meet this student's needs? If so, please describe below.

7. ESAs will be confined to the student's room and not permitted in any of the common areas of campus. Have you discussed the responsibilities associated with properly caring for an animal while engaged in typical college activities and residing in University housing? Do you believe those responsibilities might exacerbate the student's symptoms in any way? (and if so, how)? Note: When an ESA is approved in University housing, the student will be expected to be able to care for, control, feed and clean up after the animal.
8. Is there any additional information that you would like to share?

Return this form to:

Housing Office  
Evangel University  
1111 N Glenstone Ave  
Springfield MO 65802  
FAX: 417-965-9599  
Email: [smallwoodp@evangel.edu](mailto:smallwoodp@evangel.edu)