



REQUEST FOR INFORMATION Re: Emotional Support Animal

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

Student's Name: _____

Re: Proposed ESA (if identified):

Name: _____

Type of animal: _____ Age of animal: _____

The above-named student has indicated that you are the health care 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. Generally, we accept documentation from providers in the State of Kentucky 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, and are often not accepted documentation.

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 determinations.

So that we may better evaluate the request for this accommodation, please answer the following questions:

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 (label) does not necessarily equate with a disability (substantial limitation). What is the nature of the student's mental health impairment (that is, by your definition how is the student **substantially limited?**)

Does the student require ongoing treatment? _____

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

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

Information About the Proposed ESA

(Please note that there are some restrictions on the kind of animal that can be approved for the residence halls; 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.)

Is the animal named here one that you specifically prescribed as part of treatment plan for the student?

What specific symptoms will be reduced by having an ESA, and how will those symptoms be mitigated by the presence of the ESA?

Is there evidence that an ESA has helped this student in the past or currently?

Importance of ESA to Student's Well-Being

In your opinion, how important is it for the student's well-being that an ESA be in residence on campus? What consequences, in terms of disability symptomology, may result if the accommodation is not approved?

Have you discussed the responsibilities associated with properly caring for an animal while engaged in typical college activities and residing in campus housing? Do you believe those responsibilities might exacerbate the student's symptoms in any way? (If you have not had this conversation with the student, we will discuss 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 (below) 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.

Please provide contact information, sign and date this questionnaire (below), and return it to

Devin Harris-Davis
Office of Academic Success
400 E College St.
Georgetown, KY 40324
accommodations@georgetowncollege.edu
Phone: 502.863.7073
Fax: 502.868.8882

Provider's Name: _____

Type of License: _____ License #: _____

Professional Signature: _____ Date: _____

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 (personnel from the DSS office) for the next 60 days.

Signature

Date