



 University of New Haven

Verification of Disability Form– ESA Requests (Professional Provider Form)

Students requesting Emotional Support Animals (ESA) on campus are required to submit documentation of a disability per the Fair Housing Act (FHA). This documentation must indicate evidence that the disability substantially limits a major life activity. The allowance of an ESA is based on the need for an ESA to ameliorate the impact of a psychiatric/emotional disability and enable an individual to enjoy his/her place of residence. Thorough documentation is needed to help determine the reasonable and appropriate accommodations that the student is qualified to receive. Therefore, it is in the student's best interest to provide recent and appropriate documentation.

The student named below is requesting an ESA accommodation due to a disability which causes emotional distress. So as to ensure that this accommodation request can be considered, ARC requires that this form be completed by a qualified professional with whom the student has an established therapeutic relationship, who is either from the state in which the student resides or the state in which the campus is located that the student attends. The professional provider must have first-hand knowledge of the student's condition and be an impartial individual not related to the student. 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 determinations.

Professional Information (This section is to be completed by a qualified Mental Health or other Medical Professional)

Student: _____ Date of Completion of Form: _____

Name of Certifying Professional: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Professional Title _____

License/Certification Number and Issuing State: _____

Date of first meeting with student regarding this disability: _____

Date of Last Contact with Student: _____

Diagnostic Assessment

Requests for an Emotional Support Animal: please complete the appropriate sections () that verify disability, functional limitations of the individual that limits his/her ability to participate in the university housing program, how the ESA mitigates those factors, and include your credentials.*

*Primary disability: _____

*Date of Diagnosis: _____

* How long is this student's condition indicated above likely to persist:

- temporary 0-6 mos 6 mos - 1 year 1 - 5 years lifelong

Diagnostic Information

*If psychological instruments were used, please identify the instrument(s) used and the interpretation that supports the diagnosis of the disorder and its severity. (Use attachments as required.)

*What are the recommended therapeutic interventions?

*Please indicate the student's functional limitation(s) and the severity of the limitation(s) that are impacted, and if an Emotional Support Animal is recommended, indicate limitations supported by the animal. In **Comments**, please indicate what the animal does that makes the student more functional.

Functional Limitation	Mild	Moderate	Severe	Comments
Caring for Oneself				
Performing manual tasks				
Sleeping				
Eating				
Speaking				
Learning				
Reading				
Concentrating				

Thinking				
Communicating				
Other (specify)				

*Please indicate below how the above functional limitations impact the student’s ability to fully enjoy his/her living space.

*Please indicate how the requested ESA mitigates the above functional limitations to enable the student to utilize his/her living space.

*Please provide a statement on how the need for the ESA relates to the ability of the student to use and gain benefit from university housing.

* If the student is currently living on campus, what has changed about the student’s condition that warrants an ESA at this time?

*If the student does not currently own an ESA, have you discussed with the student the possible impact of the additional responsibilities of caring for an animal while attending school? Yes No

* Is the animal being prescribed as a part of the student’s mental health treatment plan? Yes No

*Please describe the impact on the student’s mental health if the request cannot be granted:

* Describe any possible alternatives that would support this student’s mental health while attending college if this request cannot be granted? Please list: _____

Signature of Certifying Professional

Signature of Professional/Provider _____ Date _____

The Director of the Accessibility Resources Center, Health Services or Counseling & Psychological Services may need to contact you for clarification purposes. Please list the best times to contact you:

*This document may not be released without written permission from the student, except in cases of disclosure as required/allowed by FERPA. It will be destroyed seven years after the student is no longer enrolled. FERPA allows the student access to this document, but you may specify that this access be given only after meeting with a person qualified to explain the document.

Check ONE: _____ Student Access
 _____ Student Access Only after meeting with qualified professional

Thank you for your assistance in completing this form

If you have any questions regarding the nature of this information needed for students with disabilities, please call the Accessibility Resources Center at (203) 932-7332, Mon. through Fri. from 8:30 A.M. to 4:30 P.M.

This form should be returned to: *University of New Haven, Accessibility Resources Center
300 Boston Post Road, West Haven, CT 06514
Confidential Fax: (203) 931-6082*

Office Use Only

Approved Denied Date _____ Date Student Notified _____

Tabled for further documentation Date _____ Date Student Notified _____

Comments: _____

ARC Signature _____

Appeal Approved Appeal Denied Date _____ Date Student Notified _____

DOS Signature _____