



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

Students who request to have an Emotional Support Animal (ESA) in campus housing must submit documentation of a disability in accordance with the Fair Housing Act (FHA). This documentation must demonstrate that the student has a disability that substantially limits one or more major life activities. An ESA may be approved as reasonable accommodation when it is necessary to alleviate symptoms of a psychiatric or emotional disability and to allow the student to use and enjoy their campus housing fully. To assess the appropriateness of this accommodation, the Accessibility Resources Center (ARC) requires thorough and recent documentation that supports the connection between the student's disability and the need for an ESA.

This form must be completed by a qualified mental health professional who:

- Has direct, first-hand knowledge of the student's condition,
- Maintains an established therapeutic relationship with the student,
- Is licensed to practice in the state where the student resides or in the state where the student's campus is located,
- And is an impartial provider who is not related to the student.

Student's Name: _____
Last First MI

1. Medical Condition/Diagnosis: _____
- a) Date Diagnosed: _____
- b) Date of last appointment regarding this diagnosis: _____
- c) How long is this student's condition indicated above likely to persist?

☐ 0-6 months ☐ 6 months - 1 year ☐ 1 – 5 years ☐ lifelong

*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	N/A	Comments
Caring for Oneself					

Performing manual tasks					
Sleeping					
Eating					
Communicating/Interacting with others					
Regulating Emotions or Mood					
Other (specify)					

Please indicate 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:

Please list any possible alternatives that would support this student's mental health while attending college if this request cannot be granted?

Name of Certifying Professional: _____

Name of Agency: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Professional Title: _____

License/Certification Number and Issuing State: _____

Signature of Certifying Professional

NOTE: *Final determination of reasonable and appropriate accommodations, including the approval of an Emotional Support Animal (ESA), will be made by the Accessibility Resources Center (ARC) in accordance with the Fair Housing Act (FHA), Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act (ADA), as amended. Relevant guidance from court decisions and the U.S. Department of Education's Office for Civil Rights will also be considered.*

You are completing this form for the student named above, who has indicated the presence of a disability or medical condition and is requesting an ESA as reasonable accommodation to ensure equal access to campus housing at the University of New Haven. Please be aware that ARC staff or their designee may contact you for clarification or to request additional information in order to fully evaluate the student's request. The student understands that this may be necessary following the review of this documentation and their submitted application.

Please list the best times to contact you:

*** I certify, by my signature below, that this information is true, accurate, and complete.**

Signature of Certifying Professional

Date

This document may not be released without the student's written permission, except as permitted by the Family Educational Rights and Privacy Act (FERPA). FERPA allows disclosure to university staff or faculty with a legitimate educational interest and grants the student the right to access this document.

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 and any supplemental documentation can be submitted to Accessibility Resources Center at arc@newhaven.edu, or via fax (203) 931-6082, or send via mail to:

University of New Haven
Accessibility Resources Center
300 Boston Post Road
West Haven, CT 06516