

BREVARD COLLEGE

BREVARD, NORTH CAROLINA

PROFESSIONAL DOCUMENTATION FOR STUDENT EMOTIONAL SUPPORT ANIMAL REQUEST

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

STUDENT'S NAME: _____ DOB: _____

The student named above has indicated that you are the healthcare 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. We require documentation from providers in the State of NC or the student's home state who have personal knowledge of the student, consistent with their professional obligations.

Some websites sell certificates, registrations, and licensing documents for assistance animals to anyone who answers certain questions or participates in a short interview and pays a fee. Under the Fair Housing Act, a housing provider may request reliable documentation when an individual requesting a reasonable accommodation has a disability and disability-related need for an accommodation that are not obvious or otherwise known. **In HUD's experience, such documentation from the internet is not, by itself, sufficient to reliably establish that an individual has a non-observable disability or disability-related need for an assistance animal.** *(Excerpt from 2020 HUD Guidance)*

So that we may better evaluate the request for this accommodation, please answer the following questions either on this form or in letter format:

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 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, how is the student **substantially limited**)?

Documentation of disability must come from a source with sufficient direct personal knowledge of the individual to clarify the need for the ESA and the nexus between the disability and the animal's presence in housing.

- When did you first meet with the student regarding this mental health diagnosis? _____
- What is the nature of your meetings? Face-to-face _____ Virtual interaction _____
- When did you and the student last interact regarding this mental health diagnosis? _____
- How many times have you seen the student for counseling/treatment? _____
- Is there an ongoing treatment plan in place? _____

What specific symptoms is this student experiencing, and how will the presence of the ESA mitigate those symptoms? General assessments are typically insufficient. For example, a statement that “The animal alleviates anxiety” is too general and does not explain HOW the animal may alleviate the symptoms of this student’s disability.

Information about the Proposed ESA

Name of proposed ESA (if identified): _____

Type of animal: _____ Age of animal: _____

Size of the cage/crate needed for containment: _____

Note: Dogs and cats are the most requested ESAS and are generally suited to adapting to the communicable living setting of the college residence hall. There are some restrictions on the kind of animal that can be approved for the residence hall; the student may be approved for an ESA, based upon the information provided, but may not be allowed to bring the specific animal named. If another type of animal is being suggested for this student, please explain why you believe that animal is a better choice.

Is there evidence that an ESA has helped this student in the past or currently? If not, why do you believe this may be an effective support for the student now?

The college housing contract states that certain policy violations may result in an animal needing to be permanently removed (e.g. the animal injures someone or destroys property). Please discuss this possibility with the student and state the impact, if any, against the benefit that you expect the animal to provide to the student.

This student was provided with a copy of the rules and restrictions surrounding the presence of an animal in residence in college housing. Has he/she shared those restrictions with you? If not, you can review a copy of those rules/restrictions **BC Emotional Support Animals in College Housing Guidelines**

Yes _____ No _____

Have you discussed the responsibilities of caring for an animal while engaging in college activities and residing in campus housing? Brevard College students are often involved with extracurricular activities requiring extended time away from campus where ESAs may not be taken; therefore, a student must arrange off-campus care for an ESA. Do you believe those responsibilities might exacerbate the student's symptoms?

Thank you for completing this form or writing a letter that addresses the form's questions. The named student has signed this form (below) indicating written permission to share additional information with us if we need additional information at a later date

We recognize that having an ESA in the residence hall can be a benefit for someone with a significant mental health disorder, but the practical limitations of our housing arrangements make it necessary to verify the student's eligibility according to the Fair Housing Act and 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

Brevard College
Office of Student Accessibility and Disability Services
One College Drive
Brevard, NC 28712
Phone: 828-641-0653
Secure Fax: 828-412-0283
Email: disabilityservices@brevard.edu

Provider Contact information:

Address:

Telephone:

FAX and/or Email address:

Professional Signature: _____

Type of License: _____ **License #:** _____

Date: _____

STUDENT (please sign this form before providing it to your mental health provider to complete):

By signing below, I consent to allow my healthcare 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

NOTE: ESAs may not be brought to the residence hall until official approval has been given from the Student Accessibility & Disability Services. Please submit all necessary information with enough lead time to allow the office to consider your request fully.