

Office of Disability Services
Emotional Support Animal (ESA) in Campus Housing Documentation Form

This section to be completed by the student:		
Students' Full Name:	Student WOU V#:	Date:
Name of ESA, if known:	Animal Type:	Age of Animal:
Housing Location, if known:	Roommate(s): Yes/No	

The person named above is a student at Western Oregon University (WOU) and is requesting an Emotional Support Animal (ESA) in campus housing due to a disability. Documentation and information provided will assist the Office of Disability Services (ODS) in understanding how the disability impacts the student living in the residence halls and the current impact of the disability, as it relates to the housing request. An Emotional Support Animal (singular), not Emotional Support Animals (plural), students may request **one** ESA in WOU University Housing. Requests for multiple ESAs will be considered in exceptional circumstances.

The form below has been created as a courtesy for the *Qualified Licensed Professional to complete. However, if preferred, the questions listed below could be addressed in a signed, formal letter submitted on professional letterhead. **Qualified Licensed Professional must have expertise in the disability diagnosis and follow established best practices in the field.* Documentation and all relevant information must be provided by an appropriate *Qualified Licensed Professional. Documentation completed by a family member will not be accepted. All documentation is reviewed, evaluated and determined on a case-by-case basis.

Interactive Accommodation Process

The legal definition of 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. Major life activities include but are not limited to: walking, breathing, seeing, sleeping, hearing, performing manual tasks, caring for one's self, learning, bodily systems such as immune function, and working. Thus, disability has both diagnostic and functional elements, and **BOTH** need to be documented for effective accommodation determination.

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.

The *Qualified Licensed Provider should respond to all questions with as much detailed information as possible. Please provide the specific disability diagnosis that impact the students' physical and/or cognitive function in the residence halls. Vague statements such as 'suggest' or 'is indicative of' will not be accepted.

Diagnosis information	
Diagnostic code: (ICD-10) or DSM-V:	Severity level (indicate for each diagnosis, if more than one:
Date of diagnosis:	Date first seen:
Date last seen:	Number of visits:

What is the evidence supporting the diagnosis?

How long has the student experienced this condition and what is the expected duration?

What is the student's' current treatment (medication, counseling, etc.)?

Is the proposed Emotional Support Animal (ESA) specifically prescribed by you as part of treatment or is it a pet that you believe will have a beneficial effect for the student while residing on campus?

What disability related symptoms would be reduced by the student having the Emotional Support Animal?

What evidence exists that the Emotional Support Animal has helped the student (currently or in the past)?

Have you discussed the responsibilities associated with properly caring for an animal while engaging in typical college activities and residing in on-campus housing? Do you believe those responsibilities might exacerbate the student's symptoms in any way? If so, how?

What additional information would you like to add that you believe would be beneficial to determine housing accommodation(s) at WOU?

Please attach any other information, including evaluation or additional supporting documentation, relevant to the students' diagnosis in order to support the students' request for accommodations in University Housing at WOU.

Qualified Licensed Professional information:
 I, the undersigned, certify that 1) I am the Qualified Licensed Professional* responsible for determining the diagnosis and/or treating the student for the condition/disability identified above; 2) the information contained in this form was written by me; and 3) the information is an accurate description of the students' diagnosis and current functional limitations.

Signature of Qualified Licensed Professional:	Date:
Printed Name:	Title and License #
Address:	Telephone #:
City, State, Zip Code:	Fax #:

**Qualified Licensed Professional must have expertise in the disability diagnosis and follow established current best practices in the field.*