EMOTIONAL SUPPORT ANIMAL (ESA) IN UNIVERSITY HOUSING VERIFICATION FORM

Towson University Disability Support Services and Housing & Residence Life make reasonable accommodations for students with disabilities, including having an Emotional Support Animal (ESA) in the student’s residential living space. According to the Fair Housing Act (FHA), emotional support animals “provide support to persons with disabilities who have a disability-related need for such support.” Under the FHA, individuals with a disability may be entitled to have an emotional support animal as a "reasonable accommodation in housing facilities." In order to qualify for an ESA as an accommodation, the animal "must be necessary to afford the individual an equal opportunity to use and enjoy a dwelling or to participate in the housing service or program. Further, there must be a relationship, or nexus, between the individual's disability and the assistance the animal provides."

Having an ESA can be a real benefit and support for a student with a mental health disability, but due to the nature of our housing arrangements it is necessary to carefully consider the impact of having an ESA on both the student and residential community. To help us evaluate the student's request, we require documentation from a licensed and/or certified mental health care professional (e.g., psychiatrist, clinical psychologist, licensed clinical social worker or licensed certified professional counselor) who is currently treating the student and suggests an ESA to help alleviate one or more identified symptoms or effects of the student’s disability. We accept documentation from a provider in the state of Maryland or the student’s home state, and who is not a close friend or relative of the student. After completing this form, fax or mail it to Disability Support Services (DSS) at the address above. Please contact DSS if you would like further information.

Student’s name________________________ DOB________________________Today’s date________________________

Name of Proposed ESA________________________ Type of animal________________________ Age of Animal______

Information About the Student’s Disability

(A person with a disability is defined as someone who has "a physical or mental impairment that substantially limits one or more major life activities.")

1. What is the student’s mental health impairment/qualifying disability, and how is the student substantially limited?

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

2. When did you first meet with the student regarding this mental health diagnosis? ________________

________________________________________________________________________________________
3. Are you currently treating the student for this diagnosis or have you in the past year?
   YES_____ NO_____

4. When was the last time you met with the student regarding this mental health diagnosis?

   ____________________________________________________________

**Information About the Proposed ESA**

5. Is this an animal that you have specifically prescribed as part of treatment for the student?
   YES_____ NO_____
   Or is it a pet that you believe will have a beneficial effect for the student while living in campus housing? YES_____ NO_____  

6. What symptoms will be reduced by having the ESA?
   ____________________________________________________________
   ____________________________________________________________

7. What evidence is there that an ESA has helped this student in the past or currently?

   ____________________________________________________________

**Importance of ESA to Student's Well Being and Access to Residential Life**

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

   ____________________________________________________________

9. Please note that the student is solely responsible for the control, care and supervision of the ESA at all times. Have you discussed the responsibilities associated with properly caring for an animal while engaged in typical college activities and living in a campus residential living space?

10. Do you believe the responsibilities above might exacerbate the student's symptoms in any way?

    ____________________________________________________________

    ____________________________________________________________

    ____________________________________________________________

    ____________________________________________________________

Provider's Printed Name/Credentials/Field

Signature________________________ Date_________________________

License number________________________

Address________________________

Phone________________________ Fax________________________