



Student Accessibility Services

DISABILITY VERIFICATION FORM for an Emotional Support Animal (ESA)

Student Accessibility Services (SAS) provides academic services and accommodations for students with diagnosed disabilities. The documentation provided regarding the disability diagnosis must detail a disability covered under Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act Amendments (ADAAA) of 2008, and the Fair Housing Act.

*"The ADA defines a disability as a physical or mental impairment that **substantially limits** one or more major life activity. Eligibility for accommodations will be determined on a case-by-case basis following communication with the student and a thorough review of documentation indicating functional limitations that would impact the individual in an academic setting."*

"The Fair Housing Act prohibits discrimination on the basis of disability in all types of housing transactions. The Act defines persons with a disability to mean those individuals with mental or physical impairments that substantially limit one or more major life activities."

Converse University students can request the use of an emotional support animal in University Housing. Since these animals are not service animals, as defined by the Americans with Disabilities Act (ADA), the University needs to review documentation that specifically addresses three areas to determine if the request for this accommodation is a reasonable and appropriate exception to Housing's no pet policy.

1. Clear documentation of the student's disability.
2. Proof that the animal is necessary to afford the student an equal opportunity to use and enjoy University Housing.
3. Proof of a direct relationship between the disability and the support the animal provides.

To assist Converse University in determining whether the student who shared this form with you would qualify for an emotional support animal in University Housing, we ask that an appropriately licensed professional thoroughly respond to the questions on the following pages. The health care professional completing this form should have provided care for a length of time to be able to determine if the presence of an animal could alleviate the impact of a student's disability in an environment such as a university residence hall. **Please note, online certifications typically do not provide the necessary information to support an ESA accommodation request. In HUD's experience, such documentation is not, by itself, sufficient to reliably establish that an individual has a disability-related need for an assistance animal.** (Excerpt from 2020 HUD Guidance)

Please submit all necessary information with enough lead time to allow the SAS office to fully consider your request. For housing accommodations, applications submitted later than the housing request deadline will be considered. Converse University will make a good faith effort to provide reasonable accommodations, but may not be able to guarantee that appropriate residential provisions will be completed within that semester. **ESAs may not be brought to the residence hall until official approval has been given by SAS.**

Student's Name: _____ Student's DOB: _____

AUTHORIZATION FOR DISCLOSURE OF PROTECTED HEALTH INFORMATION

This page is to be completed by the Student; please print legibly.

Name: _____

Date of Birth: _____ Student ID: _____

Student Status (check one): ☐ prospective ☐ current ☐ transfer

Local phone: _____ Cell phone: _____

Address (street, city, state and zip code):

Converse E-mail: _____@converse.edu

Alternate E-mail: _____

Records Released From (i.e. Health Facility or Medical Provider)

Name: _____

Address: _____

Phone: _____ Fax: _____

☒ I hereby give permission for the above-named provider/facility to release diagnostic and other relevant information for the purpose of determining eligibility for services/accommodations at Converse University.

Patient Rights

I have had the opportunity to read this facility's Notice of Privacy Practices (as indicated) and have had all of my questions regarding this Notice answered to my satisfaction. I understand that only health care providers, plans, and clearinghouses must follow the federal privacy standards. If an individual or organization receiving my protected health information (PHI) does not fall into one of these categories, this authorization ceases to be protected by the federal privacy standards therefore, allowing for the possibility of my PHI being redisclosed without further authorization. I understand that I may cancel this authorization but that my withdrawal is only effective to the extent that action has not already been taken, as a result of my signing this form. In order to withdraw this authorization written notification is required.

This authorization will remain in effect until this request is processed unless you specify this authorization will be effective for an additional time period. Written consent is necessary to revoke this request.

I have had an opportunity to review and understand the content of this authorization form. By signing this authorization, I am confirming that it accurately reflects my wishes.

Student's signature: _____ Date: _____

Student's Name: _____ Student's DOB: _____

DIAGNOSTIC INFORMATION

Remaining pages to be completed by the Appropriate Professional as applicable; please print legibly.

1. Diagnosis information:

a. Disability(ies), including DSM-V code(s):

b. Note the date of diagnosis, level of severity, and expected duration for each diagnosis (use last page if additional space is needed):

Diagnosis/Disability	Date of Diagnosis	Mild	Moderate	Severe	Expected duration
_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

d) Date of initial intake appointment:

e) Dates of last 3 therapy sessions:

2. Is the student/patient currently under your care? ☐ Yes ☐ No

3. Indicate which major life activities are **substantially limited** due to the student's mental health-related disability(ies) listed above.

4. What specific symptoms is the student experiencing and how will those symptoms be mitigated by the presence of an ESA? 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

Student's Name: _____ Student's DOB: _____

5. Proposed ESA: Name _____
 Type of Animal _____ Age of Animal _____
 Size of cage/crate needed for containment _____

6. Did you prescribe this specific animal as part of your treatment for this student or is it a pet you believe will have a beneficial therapeutic effect on the student? Please explain.

7. Is there evidence, past or present, that this animal would provide a disability-related benefit to the student while residing on campus? If not, why do you believe this may be an effective support for the student now.

8. Please address the likely impact on the student should the following scenario occur: The student is living with the animal in the housing unit and because of a policy violation (e.g., animal injures someone or destroys property), the animal is permanently removed from the premises. Balance the impact, if any, against the benefit you expect the animal to provide to the student.

9. Have you discussed the responsibilities associated with properly caring for an animal while engaged in typical college activities (e.g., athletic requirements, internship, and/or student organization involvement) and residing in campus housing? Do you believe those responsibilities might exacerbate the student's symptoms in any way?

Student's Name: _____ Student's DOB: _____

Thank you for taking the time to complete this form. If we need additional information, we may contact you at a later date. The named student has signed this form (page 2) indicating written permission to share additional information with us in support of the request.

We recognize that having an ESA in the residence hall can be a real benefit for someone with a significant mental health disorder, but the practical limitations of our housing arrangements make it necessary to 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:

PROVIDER INFORMATION

Please sign and complete fully.

Signature: _____ Date: _____

Print Name and Title: _____

License or Certification #: _____

Address: _____

Telephone: _____ Fax: _____

To maintain confidentiality, all information should be sent to:

Converse University
Student Accessibility Services
580 East Main Street
Spartanburg, SC 29302
Email: accessibilityservices@converse.edu
Phone: 864.596.9027
Fax: 864.596.9729