

**Housing Documentation Form for Emotional Support Animals**

A student seeking to keep an Emotional Support Animal in University housing must make a formal request to Student Accessibility Services by having this form completed by a licensed mental health provider.

The below-named student has indicated that you are the mental health professional who has made a professional determination that accommodations are necessary in university housing to alleviate identified symptoms or effects of the student's mental health disability. So that we may better evaluate the request for housing accommodations, please answer the following questions *with as much detail as possible*.

**For Student to Complete**

I hereby give permission for mental health related information to be shared with the Office of Student Accessibility Services at the University of Mount Union to assist in the determination of reasonable accommodations.

\_\_\_\_\_

Student Name (printed)

\_\_\_\_\_

Student Date of Birth

\_\_\_\_\_

Student Signature

\_\_\_\_\_

Date

**For Mental Health Provider to Complete**

\_\_\_\_\_

Printed Name of Mental Health Provider

\_\_\_\_\_

Professional Title/License Number

\_\_\_\_\_

Signature of Mental Health Provider

\_\_\_\_\_

Date

\_\_\_\_\_

Address

City

State

Zip Code

\_\_\_\_\_

(Area Code) Phone Number

\_\_\_\_\_

Fax and/or E-mail Address

May we contact the office if further information is needed?  Yes  No

*\*\*The following information must be provided by the diagnosing/treating mental health professional with whom the student has an established relationship.*

The above-name student reports being diagnosed with a mental health disability that substantially limits one or more major life activities (as defined by the Americans with Disabilities Act as Amended, 2008). Please provide detailed responses to the following items in a legible fashion. Illegible forms or incomplete information will delay the documentation review process for the student. Please include DSM-5 codes and feel free to attach diagnostic report of testing, if available.

Date of initial contact with student: \_\_\_\_\_ Date of last office visit with student: \_\_\_\_\_

Date of diagnosis: \_\_\_\_\_ Primary diagnosis: \_\_\_\_\_

Secondary diagnosis: \_\_\_\_\_

In addition to DSM-5 criteria, how did you arrive at the diagnosis? (Check all that apply)

- Behavioral observations
- Developmental history
- Rating scales
- Medical history
- Structured or unstructured clinical interview with the student
- Interviews with other persons
- Neuropsychological testing (dates of testing \_\_\_\_\_)

What is the severity of the disability? Please circle one and explain further below.    Mild       Moderate       Severe

How does the mental health disability substantially limit the student's major life activities?

How long have you been working with the student regarding this mental health issue?

What is the accommodation specifically prescribed as part of a treatment plan for the student? If there is no accommodation prescribed or treatment plan written, please state that.

Describe the relationship between the student's mental health disability and how the accommodation is necessary for the student to enjoy equal access to University housing.

