

STUDENT  
ACCESSIBILITY  
SERVICES  
MOUNT ST. JOSEPH UNIVERSITY

**DISABILITY-RELATED HOUSING ACCOMMODATION DOCUMENTATION FOR EMOTIONAL SUPPORT ANIMAL**

**Student's Name:** \_\_\_\_\_ **Student ID:** \_\_\_\_\_

**Proposed Emotional Support Animal Name:** \_\_\_\_\_

**Type of Animal:** \_\_\_\_\_

**Age of Animal:** \_\_\_\_\_

**Specialist's Name:** \_\_\_\_\_

**Medical Specialty:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

The above-named student has indicated that you are the (physician, psychiatrist, mental health worker) who has suggested that having an Emotional Support Animal in the residence hall will be helpful in alleviating one or more of the identified symptoms or effects of the student's disability. So that we may better evaluate the request for this accommodation, please answer the following questions:

**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.")*

What is the nature of the student's mental or psychiatric disability (that is, how is the student substantially limited?)

Does the student require ongoing treatment? Please explain.

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

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### **Information about the Proposed Emotional Support Animal**

Is this an animal that you specifically prescribed as part of treatment for the student, or is it a pet that you believe will have a beneficial effect for the student while in residence on campus?

What symptoms will be reduced by having the Emotional Support Animal?

Is there evidence that an Emotional Support Animal has helped this student in the past or currently? Please explain.

### **Importance of Emotional Support Animal to Student's Well-Being**

In your opinion, how important is it for the student's well-being that the Emotional Support Animal be in residence on campus?

What consequences, in terms of disability symptomology, may result if the accommodation is not approved?

Have you discussed the responsibilities associated with properly caring for an animal while engaged in typical college activities and residing in campus housing? Do you believe those responsibilities might exacerbate the student's symptoms in any way? (If you have not had this conversation with the student, we will discuss with the student at a later date.)

Thank you for taking the time to complete this form. If we need additional information, we may contact you at a later date. We recognize that having an Emotional Support Animal 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 Emotional Support Animal on both the student and the campus community.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
License #: \_\_\_\_\_

Please return to:

Alexandria Grant  
Student Accessibility Specialist  
Mount St. Joseph University  
5701 Delhi Road,  
Cincinnati, OH 45233

Phone: 513-244-4623  
Fax: 513-244-4509

If the third party returns the Verification Form without sufficient information for Disability Services to determine whether an accommodation is necessary, the Acting Director will inform the individual in writing of the verification's insufficiency and may request additional information, including speaking directly with the individual supplying the third-party verification, within seven (7) business days of receiving the verification.

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