This verification form is for providers to complete when making a recommendation for an Emotional Support Animal (ESA) in campus housing as a reasonable accommodation under the provisions of the Fair Housing Act. The Fair Housing Act permits Wofford College to request reliable disability-related information that is necessary to:

1. Verify that the student meets the Fair Housing Act’s definition of disability (“a physical or mental impairment which substantially limits one or more major life activities”)
2. Describes the need for the Emotional Support Animal in the context of campus housing
3. Shows the relationship between a person’s disability and the need for the requested accommodation of having the animal in campus housing.

Documentation for psychiatric or psychological disorders should be from a current treatment provider, qualified to diagnose and treat the specific condition, should be on letterhead, be signed and dated, and include the following:

- The diagnosis and observed symptoms that meet the DSM-5 diagnostic criteria for the disorder, including history and a treatment plan
- Support for the diagnosis and how it meets the definition of a person with a disability under the ADA
- How this impairment substantially limits one or more major life activities in general and in an academic or living environment
- Relevant information relating to the impact of current medication and/or therapeutic treatment on the student’s ability to participate in all aspects of the college environment (classroom, housing/dining, extracurricular activities, etc.)
- A recommendation of appropriate accommodations at post-secondary level, supported by the diagnosis

An appropriate mental health professional (the “Provider”) should complete this form or write a letter of support on letterhead that follows the “Emotional Support Animal Documentation Guidelines for Clinicians” handout.

The student is responsible for submitting documentation to Accessibility Services.
Student’s Name (first, last)______________________________________________

Provider’s Information

Name: __________________________________________________________________

Title: __________________________________________________________________

Phone Number: ___________________________ Best Time to Call: _________________

Physical Address: __________________________________________________________________

Email: ______________________________________________________________________

Relationship to Student: ______________________________________________________________________

Duration and Frequency of Relationship: __________________________________________

1. Please state the diagnosis for which the emotional support animal is being recommended:

______________________________________________________________________________

2. Please identify the emotional support animal (for example, a cat or a dog):

______________________________________________________________________________

3. Can you validate the specific animal (breed, color, sex, name)?

______________________________________________________________________________

4. Does the student have a physical or mental impairment which substantially limits one or more major life activities? _____ Yes _____No

Please indicate which of the following major life activities are impacted by the student’s disability:

_____ seeing  _____ hearing  _____ eating  _____ sleeping  _____ walking

_____ standing  _____ lifting  _____ bending  _____ learning  _____ reading

_____ speaking  _____ breathing  _____ thinking  _____ working  _____ communicating

_____ concentrating  _____ caring for oneself  _____ performing manual tasks

_____ other (please describe): __________________________________________________________________
5. How does the student’s disability limit major life activities noted above and what is the severity of impact?

6. Explain how the animal in question helps alleviate the impact of the condition.

7. Are you aware of or have you recommended any training for the animal? If so, please describe.

8. What is the student’s treatment plan to ameliorate the symptoms or effects of the disability?

9. If the use of an ESA is a new approach or for a fluid condition, provide a date at which the effectiveness or ongoing need should be confirmed.

10. Are there alternate or additional accommodations, other than an ESA, that you would recommend to ameliorate the symptoms or effects of the disability?

11. If an ESA is approved, do the care responsibilities to the animal in this context represent challenges that need to be considered or addressed in a particular manner?

12. Are there specific negative impacts of the person not having the animal with them in their residence hall/living space?
13. Please provide any additional information that you think may assist Wofford College in evaluating the student’s accommodation request.

__________________________________________________________________
__________________________________________________________________

Evaluator’s signature

Date

Professional license number
(or other credentials), if applicable