

Health Care Provider Request for Information Regarding an Emotional Support Animal Form

Generally, the University of Cincinnati ("University") accepts documentation from health care providers in the State of Ohio or the individual's home state, who have personal knowledge of the individual, consistent with their professional obligations. Generic letters purchased for a set price rarely provide the information necessary to support an Emotional Support Animal ("ESA") request.

As the student's health care provider, please complete this form to confirm that the student has a disability significantly limiting their access to campus facilities and programs and that the emotional benefit from the animal is necessary for equal access in the request environment.

Consider your professional training, scope of practice, and professional ethics when completing this form. A diagnosis or recommendation alone does not guarantee approval. The University may request additional documentation and consider all available accommodations when making a decision.

Please provide information as it relates to your established provider-patient relationships with the last 12 months of this request.

Section 1: To be completed by the individual requesting use of an ESA in University housing.

Individual Requester's Name: _____

M# (if applicable): _____

Email: _____

Phone: _____

Name of Proposed ESA: _____

Type of Proposed ESA: _____

Age of Proposed ESA: _____

Description, including weight, size, and color, of Proposed ESA (may attach a picture):

Individual Requesting Accommodation (please review and sign this form before providing it to your health care provider to complete):

I hereby authorize the University of Cincinnati Accessibility Resources/ Human Resources to obtain information from the health care provider listed below for the purposes of evaluating my request to have my ESA reside with me in University of Cincinnati housing. I understand that this authorization is voluntary, and I may refuse to sign it. This authorization will expire 180 days from the date on which I sign it. I understand that I may revoke this authorization at any time by providing written notice to the Accessibility Resources office/Human Resources Office.

Signature:

Date:

Section 2: To be completed by the health care provider.

The above-named individual has identified you as the health care provider who has recommended the individual use an ESA to alleviate one or more symptoms or effects of the individual's disability. The individual will live, or currently resides, in University housing, which generally prohibits animals from residing in its housing. The individual is seeking an accommodation to permit their ESA to live in University housing.

So that the University may better evaluate the request for this accommodation, please answer the following questions:

Information about the Individual's Disability

1. Describe your professional relationship with the patient on which you are basing the information (i.e., primary care, single session to review this document, short –term therapy, on-going treatment, etc.)
2. State and federal law defines a person with a disability as someone who has a physical or mental impairment that **substantially limits** one or more major life activities. Please list the mental health diagnosis and describe the substantial limitations to the individual's major life activities.

3. Does the individual require ongoing treatment and if so, what does that consist of?
4. When did you first meet with the individual regarding this diagnosis?
5. When did you last interact with the individual regarding this diagnosis?

Information about the Proposed ESA

(Please note that there are some restrictions on the kind of animal that can be approved for University housing. It is possible the individual may be approved for an ESA based on the information you provide here but may not be allowed to bring the specific animal named.)

6. Is the animal named here one 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 individual while in residence on campus?
7. What specific symptoms will be reduced by having an ESA, and how will those symptoms be mitigated by the presence of the ESA?
8. Is there evidence that an ESA has helped this individual manage their symptoms in the past or currently?

Importance of ESA to Individual's Well-Being

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

10. Have you discussed with the individual the responsibilities associated with properly caring for an animal while residing in University housing? Do you believe those responsibilities might exacerbate the individual's symptoms in any way? (If you have not had this conversation with the individual, UC will discuss this with the individual at a later date.)

Thank you for taking the time to complete this form. We may contact you if we need additional information. The named individual has signed this form (above) indicating written permission to share additional information with us relating to this request.

Please provide contact information, sign and date this questionnaire, and return the completed form to the above-named individual. The individual will submit this form directly to the University of Cincinnati's Accessibility Resources Office.

Contact Information:

Name: _____

Address: _____

Telephone: _____

Email: _____

Professional Signature

Date

Type of License: _____

License #: _____