



The ACCESS Center
124 Wimberly Hall
Phone: 608.795.6900
Fax: 608.785.6910

EMOTIONAL SUPPORT ANIMAL REQUEST FORM FOR RESIDENCE LIFE

Information to be completed by resident

Resident name: _____

Proposed ESA (if identified):

Animal name: _____ Type of animal: _____

Age of animal: _____ How long have you owned the animal? _____

Resident: Please sign this form before providing it to your health care provider to complete. *By signing below, I consent to allowing my mental health provider to share any information relevant to my need for an ESA as an accommodation, as shown on this form, with University of Wisconsin La Crosse ACCESS Center staff.*

Resident signature: _____ Date: _____

Information below to be completed by resident's health care provider

The University of Wisconsin La Crosse ("UWL" or the "University") provides reasonable accommodations to residents with disabilities who have a verifiable need for the reasonable accommodation. The federal law defines a person with a disability as a *physical or mental impairment that substantially limits one or more major life activities*. A reasonable accommodation is an exception to the usual rules, policies, practices, or services that a resident with a disability may need to have an equal opportunity to use and enjoy University housing.

The resident named above has indicated that you are the health care provider who has recommended that having an Emotional Support Animal (ESA) in the residence hall will alleviate one or more of the identified symptoms or effects of the resident's disability. Generally, we accept documentation from providers in the State of Wisconsin or the resident's home state. Letters purchased from the internet for a set price rarely provide the information necessary to support an ESA request.

So that we may better evaluate the request for this accommodation, please fully complete the following questions. If handwriting responses, please do so legibly.

1. Does the resident have a disability as defined by federal law? ____Yes ____No
2. DSM-5 Diagnosis: _____
3. Date of Diagnosis: ____/____/____

4. When did you first meet with the student regarding this mental health diagnosis, and in what context and frequency (that is, was it a face-to-face meeting or virtual interaction)?

5. When did you last interact with the student regarding this mental health diagnosis?

6. What is the ongoing treatment plan for the resident?

7. Describe how each diagnosed disability substantially limits the resident's ability to perform a major life activity as compared to most people in the general population.

8. Explain how the accommodation is necessary for the resident to use and enjoy **University housing** as compared to a person without a disability.

9. What specific symptoms have been or will be reduced by having this ESA?

10. If the identified ESA has a current relationship with the resident, what evidence is there that this ESA has helped the resident?

11. In your opinion, please explain how important it is for the resident'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?

12. Taking into consideration the responsibilities associated with properly caring for an animal while engaging in typical college activities and residing in campus housing, do you believe these responsibilities will exacerbate the resident's symptoms in any way?

13. Is there another accommodation that would be equally effective in allowing the resident to use and enjoy University housing, if the requested accommodation is not possible?

Thank you for taking the time to complete this form. If we need additional information, we may contact you at a later date.

Name and position of verifier (print): _____

Signature of verifier: _____ Date: _____

License #: _____

Address: _____

Telephone: _____