



UNIVERSITY OF
SOUTHERN MAINE

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**Emotional Support Animal Documentation Form
University of Southern Maine - Disability Services Center**

Student Name: _____ DOB: _____

Proposed ESA:

Name: _____

Type of animal: _____

Age of animal: _____

The above named student has indicated that you are the mental health care provider who has suggested or prescribed that having an Emotional Support Animal (ESA) in the residence hall will be helpful in alleviating one or more of the identified symptoms or effects of the student's disability. We will accept documentation from providers in the State of Maine or the students' home state. In order to evaluate this request for this accommodation, please answer the questions below.

Please use the following definition as guidance when completing this form. An Emotional Support Animal (ESA) (referred to as Assistance Animals under the Fair Housing Act) is defined by the United States Department of Housing and Urban Development (HUD) and covers a category of animals that may work, provide assistance, or perform physical tasks for an individual with a disability and/or provide necessary emotional support to an individual with a mental or psychiatric disability that alleviates one or more identified symptoms of an individual's disability, but which are not considered Service animals under the Americans with Disabilities Act. It is typically an animal selected to play an integral part of a person's treatment process and it is not a pet. The animal must demonstrate a good temperament and reliable, predictable behavior. An ESA is prescribed or recommended to an individual with a disability by a mental health professional. An ESA may be incorporated in a treatment process to assist in alleviating the symptoms of that individual's disability. This treatment occurs within the person's residence and, therefore, may be considered for access to university housing.

Information about the Student's Disability (A person with a disability is defined under the Americans with Disabilities Act of 1990 and its amendments as someone who has "a physical or mental impairment that

substantially limits one or more major life activities.” Major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating and working.)

1. DSM V Diagnosis: _____
2. What is the nature of the student’s mental health impairment? How is the student substantially limited?

3. Please rate severity of the disability on a scale of 1 (very mild) to 10 (very severe). ____
4. Does the student require ongoing treatment? _____
5. When did you first meet with the student regarding this mental health diagnosis? Date: _____
6. When was your last contact with this student? Date: _____

Information about the Proposed ESA

1. Is this an animal you specifically prescribed or recommended as part of treatment for the student AND do you believe that this animal will have significant benefit in alleviating disability-related symptoms?

2. What specific disability symptoms will be reduced by having the ESA?

3. Is there evidence that an ESA has helped this student in the past or currently? If yes, please explain.

Importance of ESA to Student’s Well-Being

1. In your opinion, how important it is for the student's well-being that the ESA be in residence on campus?

Please explain.

2. Using the FHA definition on page one of this document as a guide, please rate the necessity of the emotional support animal on a scale of 1 (not necessary) to 10 (very necessary). _____

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

4. Have you discussed the financial impact and responsibilities associated with properly caring for an animal while engaged in typical college activities and resident on campus housing? Some animals don't adjust to living in a residence hall. What is the student's plan if the animal is not able to live on campus or is not an effective part of the treatment plan. Please describe any concerns.

5. Do you believe those responsibilities might exacerbate the student's symptoms in any way?

6. If there is any additional information that you believe would be beneficial for us to consider in determining if an ESA is a reasonable accommodation for this student, you are welcome to share it here.

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 ESA in the residence hall can be a 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 ESA on both the student and the campus community.

Please provide contact information, sign and date this questionnaire and return to:
dsc-usm@maine.edu or fax to 207-780-4403 or mail to USM-DSC, PO Box 9300, 242 Luther Bonney Hall, Portland ME 04104

Name: _____

Title: _____

Credentials: _____

Contact Information: _____

Signature of diagnosing professional: _____ Date: _____

License #: _____