Center for Student Accessibility

Contact Information:
Phone: (859) 622-2933
Fax: (859) 622-6794
Website: **https://www.eku.edu/accessibility/**

Whitlock Suites 112 & 129
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Notice

Eastern Kentucky University (EKU) is reviewing its Animals on Campus Policy (ACP). Any updates to the ACP will be reflected in the emotional support animal (ESA) application requirements and policies at the Center for Student Accessibility (CSA). Students requesting or currently approved for an ESA should be aware of the following potential changes:

1. **Applicability of New Policies**: All currently approved and pending ESAs will be subject to new and updated policies, regardless of prior approval or pending status.

Animal Verification Form

EKU outlines clear expectations for students regarding the care and behavior of animals residing in dorms, residence halls, and suites. CSA requires students to complete an Animal Verification Form as part of an ESA application, which aligns with university policies for animals living on campus. The Animal Verification form must be completed by the same certifying professional (mental health care provider) writing the documentation letter.

Important Information About Acceptable Documentation

Under the Fair Housing Act, the CSA Office may request documentation from a qualified and licensed mental health care professional when an individual's disability and related need for accommodation are not obvious or otherwise known. (Excerpt from 2020 HUD Guidance).

Documentation submitted to the CSA Office must come from a certifying professional (mental health care provider) specializing in the condition or disability mentioned in the ESA application. The documentation must be on the professional's official letterhead, and the same certifying professional must complete **Part 2** of the Animal Verification Form. Incomplete forms will not be accepted.

Certificates from Websites Are Not Accepted

Some websites sell certificates, registration, and licensing documents for emotional support and assistance animals to anyone who answers certain questions, participates in a short interview, and pays a fee. Documentation from the internet is not, by itself, sufficient to reliably establish that an individual has a non-observable disability or disability-related need for an assistance animal (Excerpt from 2020 HUD Guidance).

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CSA Documentation Guidelines for ESA Request

The Center for Student Accessibility (CSA) provides independent eligibility determinations to enable students to receive reasonable accommodations under the Americans with Disabilities Act (ADA), as amended (ADAA), Fair Housing Title VIII of the Civil Rights Act of 1968, as amended, and Section 504 of the Rehabilitation Act of 1973, as amended.

A student must provide CSA with sufficient and appropriate disability documentation, and documentation must be provided prior to the onset of a request for accommodation. Once disability documentation is evaluated by the CSA professional staff, accommodations may be provided.

1. **Documentation must be formatted as a professional letter containing the elements listed below.** Or documentation submission may be a copy of a recent evaluation which has been completed by a licensed professional, physician, or specialist and/or who has recently provided treatment.
2. Documentation must be typed, signed, and dated by a professional with appropriate credentials and on official business letterhead that contains all the following elements:

   - ☐ **Diagnosis -** Licensed mental health professional, Psychologist, therapist / counselor, or LCSW must state the medical or psychological impairment in DSM-V format in the recommendation letter. **Be advised:** You must have a long-standing (**6 months or longer**) relationship with your mental health practitioner.
   - ☐ **Date first diagnosed** - Establish an initial date when a diagnosis was made.
   - ☐ **Severity of condition** - Explain manner and degree of how the impairment affects the individual (**Example:** anxiety is considered mild, moderate, or profound).
   - ☐ **Relevant tests and or measurements** – Indicate what tests or measurements were used in establishing a diagnosis.
   - ☐ **Methods of current treatment** - Include current use of any medications and possible side effects which may adversely interfere with cognitive functioning, ability/inability to control symptoms, pain management system, or current rehabilitation efforts.
   - ☐ **How often the student is seen for treatment** – Indicate how often the student (patient) sees the mental health provider as part of managing their mental healthcare (**for example, weekly, every two weeks, monthly, etc**.).
   - ☐ **Implications for the condition** – Describe how the diagnosis may adversely affect the individual as a student or as an employee in a postsecondary educational environment and/or living or working on a college campus.
   - ☐ **Recommendations** – State the campus living accommodation being recommended for an emotional support animal (ESA).

Mental Health Care Provider Designated by the Student

The student named above has indicated that you are the licensed mental health care provider recommending an emotional support animal (ESA) as part of their treatment for a disability.

Student Disability Background

1. Is the student seeking to have an ESA on campus a person with a disability, defined as a physical or mental impairment that substantially limits one or more major life activities? (**circle one**) **Yes No**

2. What is the specific diagnosis that necessitates the recommendation of an ESA? Please list the diagnosis along with all **applicable ICD-10 code(s)**.

Treatment Background

3. How long have you provided treatment to this student? _____

4. How often do you meet with this student for mental health therapy or treatment? (**check one**)
Weekly _____ Every 2 weeks _____ Monthly _____ Every 6 months _____ Yearly _____
Other (please explain):

5. Prior to completing this form, when did you last interact with this student regarding their mental health diagnosis? **Please provide a date**: _____

6. Have you and the student agreed to an ongoing treatment plan and regular meeting schedule? **Please explain:**

7. Please explain how having an ESA assists the student in coping with their disability. Additionally, how does it improve their symptoms? **Please explain**:
8. Is an ESA recommended as part of a treatment plan that includes other therapeutic approaches or interventions, or is an ESA the sole method used to manage the student's disability? **Please explain**.

ESA Recommendation and Student Relationship History

1. What type of animal is the ESA? _____

2. How long has the ESA listed on this form provided emotional support to the student? **Please explain:**

3. The CSA Office often does not accept ESA documentation letters containing boilerplate language, such as stating that the student qualifies under the ADA or Fair Housing Act, or that the provider has *reviewed the literature* on the therapeutic benefits of ESAs. Instead, please describe how an ESA assists the student in alleviating their disability. Particularly, explain how you determined that an ESA benefits the student. **Please explain**.

Student Responsibilities and Care Considerations for ESA

1. Have you discussed with the student any potential extra stressors caring for an ESA might create for both the student and the animal? **Please explain**.

2. Describe how the student can care for and manage an ESA given their diagnosis and/or condition(s).

3. Describe the potential impact on the student's well-being if the ESA is removed from housing at EKU due to a policy violation, such as if the animal injures someone or destroys property. **Please explain**.

Recommendation for Emotional Support Animal

1 . Do you believe that an ESA would be beneficial for this student while living in the residence halls at Eastern Kentucky University? **Please explain**.

The student has authorized you to share information with the CSA Office that supports their request to have an ESA live with them in campus housing.

The CSA Office carefully considers all aspects of the student's request for an ESA. We appreciate your collaboration in this process. As a licensed mental health care provider, please provide your contact information below, sign and date this form, and email it to: **accessibility@eku.edu**.

Contact Information for Mental Health Provider

Name (print): _____ Name (sign): _____

Professional Title: _____ State: _____

License/Certification: _____

Address (City/State/Zip): _____

Phone Number: _____

Fax Number: _____

Mental Health Provider Verification Statement and Signature

I, _____ (**sign name**), hereby certify that the information contained in this Emotional Support Animal Verification Form is **true, accurate, and complete**. My recommendation for an ESA is based on a **thorough understanding** of the student's medical history, condition(s), and needs, and is part of an ongoing treatment plan between myself and the student.

Date: _____