

For Emotional Support Animal

Disability Resources & Build

1400 East Hanna Avenue
Schwitzer 001
Indianapolis, Indiana 46227-3697
(317) 788-3536
Email: ssd@uindy.edu

The University of Indianapolis provides accommodations to students with disabilities who have a verifiable need for the reasonable accommodation. A reasonable accommodation is an exception to 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 Reasonable Accommodation Form within this document authorizes you to provide the information requested on this form.

PLEASE REVIEW THE ENCLOSED INFORMATION THAT EXPLAINS THE STUDENT'S REQUEST FOR REASONABLE ACCOMMODATIONS.

"The Fair Housing Act defines disability as a physical or mental impairment that substantially limits one or more major life activities. Under this definition, an impairment is a disability if it substantially limits the ability of the person to perform a major life activity as compared to the average person in the general population. The definition also takes into account any mitigating measures, such as medication or other treatment or therapies, the person is employing that may relieve the substantial limitations caused by the impairment. If the mitigating measure(s) eliminates the substantial limitations caused by the impairment, the person does not have a disability."

Student Name: _____

Student Address: _____

The University of Indianapolis student named above is requesting the use of an emotional support animal in University Housing ("Housing"). Since the animal is not a service animal as defined by the Americans with Disabilities Act, the University needs to review documentation that specifically addresses three areas to determine if the request for this accommodation is a reasonable and appropriate accommodation to Housing's no pet policy.

1. Clear documentation of the student's disability.
2. Proof that the animal is necessary to afford the student an equal opportunity to use and enjoy University Housing.
3. Proof of a direct relationship between the disability and the support the animal provides.

To assist the University of Indianapolis in determining whether the student who shared this form with you would qualify for an emotional support animal in University Housing, we ask that an appropriate licensed professional thoroughly respond to the questions below and on the following page. The health care professional completing this form should have provided care for a length of time to be able to determine if the presence of an animal could alleviate the impact of a student's disability in an environment such as a university residence hall. Please note non-specific form letters from online organizations and web-based "certifications" of support animals will not be considered as appropriate documentation.

Detailed information about the process for verifying a disability with Disability Resources can be found at www.uindy.edu/ssd.

AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize _____ (physician, psychologist, other health care provider) to provide to the University of Indianapolis' Disability Resources the information necessary, including the information requested on this form, to verify whether I have a disability and whether the accommodation requested is necessary to afford me an equal opportunity to use and enjoy University housing.

Signature of Student: _____ Date: _____

Please describe the medical condition requiring accommodation (e.g., specific DSM 5/ICD-10 diagnosis) in University Housing: _____

Date of Diagnosis: _____ Date of last contact with student: _____

How long has the student been under your care for this condition? _____

How was the diagnosis determined? _____

Describe how this condition impacts the student's ability to access or enjoy University Housing? _____

Describe the animal that you recommend for the student, including any species, size, and age? _____

Did you specifically prescribe the animal as part of treatment for this student? _____ YES _____ NO

Is a pet which you believe might have a beneficial effect while residing on campus? _____ YES _____ NO

Is there any evidence that an emotional support animal has helped this student in the past or at present? _____

Why are you recommending that the student have an animal live with him/her in university housing? _____

What is the direct connection between the diagnosis and the need for the student to have an animal in university housing? Explain how this animal has/will provide emotional support for your client: _____

What consequences, in terms of disability symptomology, may result if this housing accommodation is not approved? _____

Have you discussed the responsibilities associated with caring for the animal while engaged in typical college activities and campus housing? ☐ YES ☐ NO

If approved, could the care responsibilities to the animal in this context exacerbate the student's symptoms in any way?

Health Care Provider's Signature: _____

Printed Name & Title: _____

Daytime Telephone number: _____

Date: _____

Return this verification form marked confidential to the below address or scan to ssd@uindy.edu:

University of Indianapolis
Disability Resources and Build
1400 East Hanna Avenue
Schwitzer 001
Indianapolis, IN 46227

Disability Resources and Build will use the information on this form to determine the student's eligibility for disability support services. Disability Resources is committed to ensuring that all information and communication pertaining to a student's disability be kept confidential as required by law.