

Treating Provider Form for Students Requesting Assistance Animals in the Residence Halls

Under the Fair Housing Act (FHA), in order to qualify for an Emotional Support Animal (ESA), the animal “must be necessary to afford the individual an equal opportunity to use and enjoy a dwelling or to participate in the housing service or program.” Further, there must be a relationship, or nexus, between the individual's disability and the assistance the animal provides.

Goucher is committed to providing reasonable accommodations to students with documented disabilities. An ESA may be approved as a reasonable accommodation if the animal helps alleviate one or more identified symptoms or effects of the student’s disability. To help us evaluate the student’s request, we require documentation from a licensed and/or certified health care professional who is currently treating the student. Please note that letters purchased over the internet, based on limited or no contact with the provider, generally do not provide the information necessary for us to evaluate the request for an accommodation.

1. Student’s Name: _____ DOB: _____ Today’s Date: _____

2. Type of Proposed ESA: _____ Name (if known) of Proposed ESA: _____

3. Is this an animal that you have specifically recommended as part of the student’s treatment?
 Yes No

4. What is the student’s health condition/qualifying disability? _____

5. When did you first meet with the student regarding this health condition/disability? _____

6. When did you last meet with the student? _____

7. How often do you see the student? _____

8. What symptoms does the student experience as a result of this disability? _____

9. How do these symptoms impact the student’s functioning? _____

10. How does the presence of an ESA mitigate the limitations created by the student's disability? _____

11. What evidence is there that an ESA has helped the student in the past or currently? _____

12. What consequences in terms of disability symptomology may result if the accommodation was not approved?

13. Please note that the student is solely responsible for the control, care and supervision of the ESA at all times. Do you believe these responsibilities above might exacerbate the student's symptoms in any way?

SIGNATURE OF LICENSED HEALTH PROFESSIONAL

As the provider you must be familiar with the history and functional limitations of the student's disability. You are not eligible to complete this form if you are related to the student or a close friend.

I verify that this form has been completed by me or a designated staff member, that I am treating this student, and that I am not a relative or close friend of the student.

Printed Name/Credentials/Field: _____

Signature: _____ Date: _____

License Number: _____

Address: _____

Telephone: _____ Fax: _____

.....

Office of Accessibility Services Email: access@goucher.edu Fax: 410-337-6185 Phone: 410-337-6263