EMOTIONAL SUPPORT ANIMAL

Disability Verification Form

Accessibility Resources Office
P.O. Box 5005
Ashland, VA 23005
Phone: (804) 752-3152

A. STUDENT INFORMATION

_____ _____
Student Name **Student ID**

_____@rmc.edu _____
Student Email **Student Phone Number**

By signing below, I consent to allowing my health care provider to share any information relevant to my need for an ESA as an accommodation, as shown on this form, with Accessibility Resources for the next 60 days.

_____ _____
Signature **Date**

B. ESA INFORMATION

Note: *there are some restrictions on the kind of animal that can be approved for college housing. It is possible the student may be approved for an ESA, based on the information you provide here, but may not be allowed to bring the* ***specific animal*** *named below.*

_____ _____ _____
Animal Name **Type of Animal** **Age**

Size of the cage/crate needed for containment: _____

1. Is the animal named in this form one that you specifically prescribed as part of treatment for the student, or is it a pet that you believe will have a beneficial effect on the student while in residence on campus? (circle one)
   ☐ **PRESCRIBED AS PART OF TREATMENT PLAN** ☐ **PET**

HOW TO SUBMIT VERIFICATION FORM:

Fax: (804) 752-3744 - *Attn to: Accessibility Resources Office*
Email: accessibility@rmc.edu
Upload form here: https://bachelor.accessiblelearning.com/RMC/

TO BE COMPLETED BY A LICENSED MEDICAL PROFESSIONAL

The above-named student has indicated that you are the health care provider who has suggested that having an Emotional Support Animal (ESA) in the residence hall will have therapeutic benefit in alleviating one or more of the identified symptoms or effects of the student's mental health condition. An ESA request must be connected to alleviating symptoms or effects of that impairment. Generally, we prefer documentation from providers in the State of Virginia or the student's home state who have an established relationship with the student, consistent with their professional obligations. The health care provider need not use this specific form, but all the information requested here is necessary for the institution to consider the request for an ESA; the form is provided as a convenience.

C. CONTACT HISTORY

Note: *Documentation of disability must come from a source with sufficient direct personal knowledge of the individual to clarify the need for the ESA and the nexus between the disability and the presence of the animal in housing*.

1. When did you first meet with the student regarding this condition?

   Date (mm/dd/year): _____/____/_____

2. What is the nature of your meetings? (circle one) ☐ **FACE-TO-FACE** ☐ **VIRTUAL** ☐ **PHONE**

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

   Date (mm/dd/year): _____/____/_____

4. How often have you met with the student for this condition? _____

D. CONDITION INFORMATION

1. Federal law defines a person with a disability as someone who has a physical or mental impairment that substantially limits one or more major life activities (such as sleeping, working, concentrating, or managing anxiety/depression). That suggests that a diagnosis (label) does not necessarily equate with a disability (substantial limitation).

   What is the nature of the student's impairment and how does the student's condition substantially limit one or more major life activities?

   _____

   _____

   _____

2. Do you believe the responsibilities associated with properly caring for an animal while engaged in typical college activities and residing in college housing may exacerbate the student's symptoms in any way?
☐ **YES** (please explain) ☐ **NO**

_____

_____

_____

3. Is there evidence that an ESA has helped this student in the past or currently? (circle one)
☐ **YES (Please explain)** ☐ **NO**

_____

_____

_____

4. What therapeutic benefit(s) does the requested emotional support animal provide to the student?

_____

_____

_____

5. What specific symptoms is this student experiencing, and how will those symptoms be mitigated by the presence of the ESA? *General assessments are typically insufficient. For example, a statement that "the animal alleviates anxiety" is too general and does not explain HOW the animal may alleviate the symptoms of this student's disability.*

_____

_____

_____

6. In your opinion, how important is it for the student's well-being that an ESA be in College housing? (circle one) ☐ **VERY IMPORTANT** ☐ **SOMEWHAT IMPORTANT** ☐ **NOT IMPORTANT**

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

_____

_____

_____

E. CREDENTIALS AND SIGNATURE

_____ _____

Printed Name and Title **License #**

_____ _____

Address **City** **State** **Daytime Phone Number**

_____ _____

Provider's Signature **Date**

Please know that letters purchased from the internet for a set price rarely provide the information necessary to support an ESA request. The Federal Trade Commission (FTC) has been asked to investigate websites that purport to provide documentation from a health care provider in support of requests for an ESA. The websites in question offer for sale documentation that is not reliable for purposes of determining whether an individual has a disability or disability-related need for an ESA because the website operators and health care professionals who consult with them lack the personal knowledge that is necessary to make

The Accessibility Resources Office (ARO)will use the information on this form to determine eligibility for accommodations. ARO is committed to ensuring that all information and communication pertaining to a student's disability be kept confidential as required by law.