

NOTE: ESAs may not be brought to the residence hall until official approval has been given from the Center for Disability Services. Please submit all necessary information with enough lead time to allow the office to fully consider your request.

To be completed by mental health care provider

REQUEST FOR INFORMATION
Re: Emotional Support Animal in Campus Housing

Student's Name: _____ CWID: _____

The above-named student has indicated that you are the mental 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 disability.

Generally, we prefer documentation from providers in the State of South Carolina or the student's home state who have personal knowledge of the student, consistent with their professional obligations. You need not use this specific form, but all the information requested here is necessary for College of Charleston to have in order to consider the request for an ESA; this form is provided as a convenience.

Some websites sell certificates, registrations, and licensing documents for assistance animals to anyone who answers certain questions or participates in a short interview and pays a fee. Under the Fair Housing Act, a housing provider may request reliable documentation when an individual requesting a reasonable accommodation has a disability and disability-related need for an accommodation that are not obvious or otherwise unknown. **In HUD's experience, such 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*).

So that we may better evaluate the request for this accommodation, please answer the following questions:

Information about the Student's Disability

What is the student's mental health impairment? **Please identify specific substantial limitations and how it is related to the disability(ies).**

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.

When did you first meet with the student regarding this mental health diagnosis? _____

What is the nature of your meetings (i.e., face-to-face meetings or virtual interaction)? _____

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

How often have you seen the student (or plan to see the student) for further counseling/treatment?

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.

Information about the proposed ESA

(NOTE: There are some restrictions on the kind of animal that can be approved for the residence hall; 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.)

Re: Proposed ESA (**if identified**):

Name: _____ Type of animal: _____

Age of animal: _____

Size of the cage/crate needed for containment: _____

Dogs and cats are most often requested as ESAs and seem best suited to adapting to the communal living setting of the college residence hall. If another type of animal is being suggested for this student, please explain why you believe that animal is a better choice.

Is the animal named here one that you specifically **prescribe** as part of treatment for this student? Yes or No? Please explain.

Is there evidence that an ESA has helped this student in the past or currently? If not, why do you believe this may be an effective support for the student now?

Importance of ESA to Student's Well-Being

In your opinion, how important is it for the student's well-being that an ESA be in residence on campus? What consequences, in terms of disability symptomology, may result if the accommodation is not approved?

Please address the likely impact on the student should the following scenario occur: once the student is living with the animal in the student housing unit, the animal is permanently removed from the unit because of a violation of a policy (e.g., the animal injures someone or destroys property) and balance this impact, if any, against the benefit that you expect the animal to provide to the student.

Have you discussed the responsibilities associated with properly caring for an animal while engaged in typical college activities and residing in campus housing? Do you believe those responsibilities might exacerbate the student's symptoms in any way? (If you have not had this conversation with the student, we will discuss with the student at a later date.)

Thank you for taking the time to complete this form/provide this information. If we need additional information, we may contact you but generally, we ask that the student request the information from you. The named student has signed this form (below) indicating written permission to share additional information with us in support of the request. We recognize that having an ESA in the residence hall can be a real 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 (below), and return it to your client/patient so that they may submit it to our office with their CDS application.

Signature of Licensed Mental Health Care Provider

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.

Contact information:

Name:

Address:

Telephone:

Email address:

Professional Signature: _____

Type of License: _____ License #: _____

Date: _____

STUDENT (please sign this form before providing it to your mental health care provider to complete):
By signing below, I consent to allowing my mental health care provider to share any information relevant to my need for an ESA as an accommodation, as shown on this form, with College of Charleston's Center for Disability Services ([cgs@cofc.edu](mailto:cds@cofc.edu)) for the next 60 days.

Signature

Date