

Request for Information Regarding Emotional Support Animal

Emotional support animals can be requested as a housing accommodation and approved by the DSS Office and DigiPen Housing LLC. As part of DigiPen's required steps to request housing accommodations, please fill out the following form and return to the **Disability Support Services Office at DigiPen Institute of Technology**.

Address:
9931 Willows Road NE
Redmond, WA 98052

Fax: (425) 558-0378
Email: DSS@digipen.edu

STUDENT SECTION

Student, please fill and sign this section of the form before providing it to your mental health provider to complete.

ACKNOWLEDGEMENT

By signing below, I consent to allowing my healthcare provider to share any information relevant to my need for an Emotional Support Animal (ESA) as an accommodation, as shown on this form, with Disability Support Services Office staff at DigiPen Institute of Technology for the next 60 days.

Student Full Name: _____

Date: _____

Student Signature: _____

REGARDING THE PROPOSED EMOTIONAL SUPPORT ANIMAL

Name of Animal: _____

Age of Animal: _____

Type of Animal: _____

The Federal Trade Commission (FTC) has been asked to investigate websites that purport to provide documentation from a healthcare 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 healthcare professionals who consult with them lack the personal knowledge that is necessary to make such determinations.

PROVIDER SECTION

The above-named student has indicated that you are the (physician, psychiatrist, mental health worker) who has suggested that having an Emotional Support Animal (ESA) in the residence hall will be helpful in alleviating one or more of the identified symptoms or effects of the student's disability. Generally, we accept a detailed documentation from providers in the State of Washington or the student's home state. Letters purchased from the internet for a set price and letters with insufficient information lacking the history and evidence of the effectiveness of an ESA rarely provide the information necessary to support an ESA request.

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

CONTINUE >>>

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PROVIDER SECTION (CONTINUED)

SECTION A

Information About the Student's Disability:

A person with a disability is defined as someone who has "a physical or mental impairment that substantially limits one or more major life activities."

1. What is the nature of the student's mental health impairment and/or your diagnoses?
(How is the student substantially limited?)

2. Does the student require ongoing treatment?

3. When did you first meet with the student regarding this mental health diagnosis and how many times did you provide treatment?

SECTION B

Information About the Proposed ESA:

Please note that 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.

1. Please describe your medical decisions to specifically prescribe the proposed ESA as part of treatment for the student.

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PROVIDER SECTION

SECTION B (CONTINUED)

2. What are the symptoms that are reduced by having the proposed ESA?

3. What evidence is there that the proposed ESA has helped this student in the past and currently?

SECTION C

Importance of Proposed ESA to Student’s Well-being

1. 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?

2. Have you discussed the responsibilities associated with properly caring for the proposed ESA while engaged in rigorous college activities and residing in campus housing? Do you believe those responsibilities might exacerbate the student’s symptoms in any way?

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PROVIDER SECTION (CONTINUED)

Thank you for taking the time to complete this form. If we need additional information, we may contact you at a later date. The named student has signed this form 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, and return it to the Disability Support Services Office at DigiPen Institute of Technology.

Name of Healthcare Provider: _____

Credential: _____ **License #:** _____

Telephone: _____ **Email:** _____

Address: _____

Healthcare Provider's Signature: _____ **Date:** _____