

# STETSON UNIVERSITY

## Residential Living & Learning

### ESA Accommodations Request – Health Care Provider Information

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

#### **For Providers:**

Residential Living and Learning is committed to providing a healthy, inclusive and safe environment that supports the growth and development of all students. We recognize that some residential environments and configurations may not be completely accessible to all students. Therefore, students may request consideration for their housing assignment in order to have equal access to the residential experience.

The individual above has requested a special housing accommodation in the form of an *Emotional Support Animal (ESA)* in residential facilities based on a documented medical or psychological need. To determine if the individual is eligible for this request, the following documentation must be completed by a Licensed Health Care Provider (e.g. physician, psychologist, licensed mental health counselor, nurse practitioner) who has training and experience in the field of the disability. The Provider should not be related to the individual and should have a relationship with the individual which ensures an understanding of their disability.

Housing accommodations are provided to best ensure equal access to a student's living and learning environment. Residential Living & Learning provides accommodations that correlate to a functional limitation rather than a diagnosis, so there should be a clear connection between the limitation and the recommended accommodation. Suggestions for housing accommodations should be made based on need rather than preference. The below information will be used to determine the eligibility for accommodation but is not a guarantee that accommodations will be provided.

#### **Health Care Provider Information**

Provider Name (Print): \_\_\_\_\_

Title: \_\_\_\_\_

License or Certification #: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Phone: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This section is to be completed by a Licensed Health Care Provider**

1. Provide diagnosis and symptomology in detail:

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Level of Severity (circle one):    Mild            Moderate            Severe

Date of initial diagnosis: \_\_\_/\_\_\_/\_\_\_\_      Date of last contact: \_\_\_/\_\_\_/\_\_\_\_

How often do you meet with this student? \_\_\_\_\_

2. What is the expected duration, stability, or progression of the condition?

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3. Please list the functional impact(s) of the individual due to the above diagnosis and the frequency that they experience the impact(s). In addition, please provide the rationale for how an **ESA** will reduce those limitations:

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Functional Impact	Frequency (Circle one)	Rationale
	Rarely Occasionally Frequently	
	Rarely Occasionally Frequently	
	Rarely Occasionally Frequently	
	Rarely Occasionally Frequently	

4. How will the above impacts interfere with this student's ability to reside in our residential facilities?

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5. What evidence is there that an **ESA** has helped this student in the past or currently?

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

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7. Describe your follow-up plan with your client/patient for whom you have recommended housing accommodations for on-campus living:

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8. Does the student plan to and/or have you recommended that the student seek therapy from the university's Counseling Center? Yes \_\_\_\_\_ No \_\_\_\_\_

9. Have you discussed the responsibilities of taking care of an animal while living on a college campus with the student? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe:

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**Return to:**

**Residential Living and Learning**  
**ATT: Associate Director for Housing Operations & Administrative Services**  
**Stetson University**