

UNIVERSITY OF CENTRAL FLORIDA

Student Accessibility Services 4000 Central Florida Blvd Ferrell Commons 185 Orlando, FL 32816

Medical Provider Form for UCF Housing ESA Request

The Provider Form section of the Request for Emotional Support Animal (ESA) in Student Housing application must be completed by a Licensed Health Care Provider (i.e. psychologist, mental health counselor, etc.) who has an established relationship with the student and has treated the student for the documented disability. The professional must specialize in a field consistent with both the disability diagnosis and prescription of an ESA.

What is the purpose of the documentation for an ESA request?

The documentation in this section must establish (a) that the student has a disability (b) that interferes with the use and enjoyment of the student housing unit, and (c) that the specific animal requested is necessary for the student to use and enjoy the student housing unit because the animal sufficiently alleviates the symptom or limitation of the disability.

Medical information is necessary as part of this process but is not the definitive information that informs our final decisions. We consider a multitude of factors. A medical provider's recommended accommodation does not automatically bind SAS/UCF to approve the accommodation as being reasonable.

What information is needed for review?

The health care professional must clearly explain how the specific animal requested (not "just any dog or any cat") will provide the benefit necessary to alleviate the student's specific disability symptom or limitation based on the professional assessment associated with the identified student. **General assessments are typically insufficient**. For example, a statement that "The animal alleviates anxiety" is too general and does not explain **how** the animal alleviates the specific symptoms of the student's disability. The medical professional's opinion as to why the ESA is necessary or preferable over other treatment options that might exist to alleviate symptoms is helpful in this analysis.

You may complete your response below in the form provided or attach the information on letterhead. Please ensure that you answer all information **completely** for full consideration. Students will not be considered for an ESA accommodation until all requested information is sufficiently provided. **Inadequate or unclear information may result in a request for additional information and clarification**.

Phone: 407.823.2371 • sas@ucf.edu • http://sas.sdes.ucf.edu/

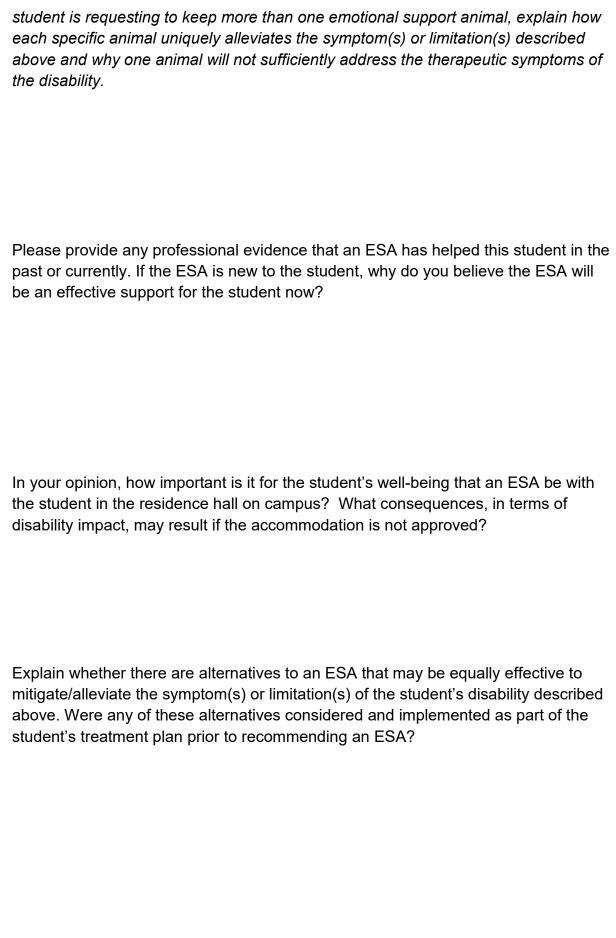
What is an emotional support animal?

Application Information

An emotional support animal also known as a therapy/comfort animal ("ESA") is a companion animal in the campus housing environment who provides emotional support or other therapeutic benefit that is necessary to alleviate or mitigate one or more identified symptoms or limitations of a student's disability which, if left unaddressed, would interfere with the student's ability to use and enjoy campus housing. ESAs are **not** service animals because providing emotional support does not qualify as work or a task for the benefit of an individual with a disability for which the animal is trained.

Student's Name: Student's UCF ID: Dates seen (Include month, day, and year): From: To: Total # of sessions/appointments: Does the student have a disability (a physical or mental impairment that substantially limits one or more major life activities)? Yes No Describe the disability symptom(s) or limitation(s) of the student's disability that interferes with the student's ability to use and enjoy campus housing.

Explain **how** the **specific animal** requested by the student mitigates/alleviates this student's symptom(s) or limitation(s) described above based upon your professional assessment as the student's healthcare provider. General statements or hypothetical statements about the benefits of ESAs for individuals are not sufficient. The information must be specific to **this student and animal**. We understand that in some unique cases students may need to request more than one animal. If the



| Information about the proposed ESA: | |
|--|---|
| Name: | |
| Type of animal: | |
| Age of animal: | |
| Length of time student will need the ESA: | |
| Size of the cage/crate needed for contains when the student is not present): | ment (animals are required to be caged |
| due to their potential (but not guaranteed) setting of a college residence hall. If anoth this student, please explain why you belie | ner type of animal is being suggested for ve that animal is better suited for this omesticated/exotic animal, the student and porting documentation that clearly would not meet the student's therapeutic of have a strong therapeutic rationale |
| Name and Credentials of the Provider: | |
| License Number: | |
| Associated Organization: | |
| Preferred Contact Information: | |
| Signature: | Date: |

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