

EMOTIONAL SUPPORT ANIMAL VERIFICATION

Illinois Wesleyan University (IWU) recognizes under the Fair Housing Act (FHA) the importance of emotional support animals (ESA) which provide emotional support for individuals with disabilities. Illinois Wesleyan University is committed to allowing an ESA necessary to provide individuals with disabilities an equal opportunity to use and enjoy University housing.

A person qualifies for a reasonable accommodation if: (1) The person has a documented disability and has provided the required documents to the University; (2) The animal is necessary to afford the person with a disability an equal opportunity to use and enjoy the University’s Housing; and (3) There is an identifiable relationship between the disability and the assistance the animal provides.

All requests for an ESA will be reviewed on a case-by-case basis by the Coordinator of Disability Services, in consultation with the Office of Residential Life, to determine if the presence of an ESA is reasonable. A request for an ESA may be denied as unreasonable if the presence of the animal: 1) imposes an undue financial and/or administrative burden; 2) fundamentally alters University housing policies; and/or 3) poses a direct threat to the health and safety of others or would cause substantial damage to the property of others, including University property.

This verification form must be completed by an appropriately qualified and credentialed health care professional who has an established therapeutic relationship with the student/ESA owner.

- *For incoming new students for the fall semester:* This form must be signed and dated by the appropriately qualified and credentialed health care professional no earlier than July 1.
- *For returning students and students who request an ESA throughout the academic year:* This form must be signed and dated by the appropriately qualified and credentialed health care professional no earlier than six weeks prior to the ESA’s arrival on campus.

PART I MAY BE COMPLETED BY THE STUDENT OR QUALIFIED AND CREDENTIALLED HEALTH CARE PROFESSIONAL.

PART I – STUDENT AND PROPOSED ESA* INFORMATION

Name of Student: _____ IWU ID#: _____

Academic year of request: 20____ - 20____

ESA Name:	ESA Gender:
ESA Species/Breed:	Age of ESA:
Is the ESA spayed/neutered: (Yes/No/NA):	How long has student had this ESA?:

***NOTE: This form is for this specific ESA only, a new form and approval is required if the ESA changes.**

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PARTS II-V MUST BE COMPLETED BY THE QUALIFIED AND CREDENTIALLED HEALTH CARE PROFESSIONAL.

PART II – INFORMATION ABOUT THE STUDENT’S DISABILITY

- 1. What is the nature of the student’s disability? Please include a DSM-IV or V diagnosis (specific disability) and pertinent background information related to the disability.**

- 2. How is the student substantially limited by this disability such that an ESA would be necessary for this student to have full benefit or enjoyment of housing on a college campus?**

- 3. Does the student require ongoing treatment for this diagnosis, and if so how is that treatment being provided?**

- 4. How long have you been working with the student regarding this disability?**

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PART III – INFORMATION ABOUT THE PROPOSED ESA

- 1. Is this an animal that you specifically prescribed as part of treatment for the student, or is it a pet that you believe will have a beneficial effect for the student while in residence on campus?**

- 2. Please describe specific symptoms which may be reduced by having an ESA.**

- 3. Is there evidence that an ESA has helped this student in the past or currently? If so, please explain.**

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PART IV – IMPORTANCE OF ESA TO STUDENT’S WELL-BEING

1. In your opinion, how important is it for the student’s well-being that the 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 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.)

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PART V: QUALIFIED AND CREDENTIALLED HEALTH CARE PROFESSIONAL'S INFORMATION

I verify that the above-named student information is correct, the student is a patient or client that I have been treating, and I am not a relative of the student.

Name: _____

Address: _____

Email address: _____

Telephone #: _____

License #: _____

Professional Signature:

Date:

Thank you for taking the time to complete this form. If the University needs additional information, we may contact you at a later date.