|  |  |
| --- | --- |
|  | Office of Services for Students with Disabilities |

223 Lawrence Center

705 S. New Street

West Chester, PA 19383

# Request for Emotional Support Animal in WCU Campus Housing

## Instructional Information

West Chester University may provide reasonable accommodations for a student with a disability who has a verifiable need of having an Emotional Support Animal (ESA) in WCU campus housing. A reasonable accommodation is an exception to the University’s rules, policies, practices, or services that a student with a disability may need to have an equal opportunity to use and enjoy WCU campus housing.

This form is to request an ESA, and NOT a Service Animal. What is the difference?

* Service Animals are defined as animals that are individually trained to do work or perform tasks for people with disabilities. These tasks can include things like pulling a wheelchair, guiding a person who is visually impaired, or alerting a person who is having a seizure. The tasks a service dog can perform are not limited to this list. However, the work or task a service dog does must be directly related to the person’s disability. Service dogs may accompany persons with disabilities into places that the public normally goes.
* An ESA is an animal (typically a dog or cat, though this can include other animals) that provide a therapeutic benefit to its owner through companionship. The animal provides emotional support and comfort to individuals with psychiatric disabilities and other mental impairments. The animal is **not** specifically trained to perform tasks for a person who has emotional disabilities. **Unlike a Service Animal, an ESA is not automatically granted access to places of public accommodation, including areas where residents normally are permitted to go (examples include, but not limited to common areas, student lounges, laundry facilities, dining halls and academic classrooms).**

The student must have accepted a housing contract to request consideration to have an ESA in WCU campus housing. These steps should be followed to request an ESA:

1. A qualified third-party (e.g., psychiatrist, psychologist, or clinical licensed social worker) who is providing treatment to the student should complete the healthcare provider section of this form. Only the information requested on this form should be provided and it must be from a professional provider who is personally treating the student.
2. The student should submit the completed form to the Office of Services for Students with Disabilities.
3. The student will need to schedule an intake appointment with the OSSD Director.

The information completed on this form will be reviewed to determine:

1. That the student is a person with a documented disability;
2. The ESA being requested is necessary to afford the student, as a person with a disability, an equal opportunity to use and enjoy the on-campus housing facilities; and
3. That there is an identifiable relationship between the disability and the support that the ESA provides.

The student will be informed of the final determination by email following submission of professional verification and completion of an intake meeting in the OSSD.

The University reserves the right to reassign the student to a space to accommodate the ESA, if there is a potential impact on roommate(s). This move will only accommodate the student and not the roommate(s).

A student who is approved to have an ESA in WCU campus housing will be referred to Residence Life and Housing or USH to acknowledge the WCU On-Campus Animal Policy and to complete the On-Campus Animal Agreement.

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## Completed Form: Submission and Intake Scheduling Instructions

Student should submit this completed form (pages 2 and 3) to the OSSD for review by the OSSD Director. Students will be notified during their intake meeting (or via email following their intake meeting) of the status of their request.

## Student Information: to be completed by student

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Student Name: |  |  |  |  | Date: |  |
|  | Last |  | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Campus Address: |  |  |
|  | Dormitory | Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
| WCU Email: |  | Phone: |  |

|  |  |  |
| --- | --- | --- |
| Home Address: |  |  |
|  | Street City, State, Zip Code |  |

## THIS SECTION IS REQUIRED: TO BE COMPLETED BY STUDENT

**REQUIRED**

I have read Page 1 of this document and understand the conditions outlined.

|  |  |  |  |
| --- | --- | --- | --- |
| **Student’s Signature:** |  | **Date:** |  |

## This section is optional: to be completed by student

**OPTIONAL**

☐ I authorize West Chester University to discuss my medical information, reasonable accommodation request for housing, and room assignment with the following person(s) on my behalf:

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Relationship to Student: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Address: |  | Phone Number: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| City, State, Zip Code: |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Student’s Signature:** |  | **Date:** |  |

|  |  |
| --- | --- |
|  |  |

# Request for Emotional Support Animal in WCU Campus Housing

## Student Healthcare Section – to be completed by healthcare provider

|  |  |  |  |
| --- | --- | --- | --- |
| Student Name: |  | WCU ID #: |  |

To properly evaluate how West Chester University can best meet the above-named student’s need for requesting an ESA in WCU campus housing, the University requires specific diagnostic information from a licensed clinical professional or healthcare provider who is directly responsible for the treatment of the student’s disability, including the intentional use of an ESA to address specific functional limitations that result from the student’s physical or psychological condition(s). The provider completing this form **cannot** be a relative nor can it be the student. **The provider should completely respond to all questions** and may attach additional related information.

|  |  |  |
| --- | --- | --- |
| 1. **Does the student who you have individually examined and treated have a physical or mental impairment that substantially limits one or more major life activities?**   NO    YES: Describe what major life activities are impaired:     |  | | --- | |  |  |  | | --- | |  | |
| 1. **Complete sections a and b below:** 2. **Identify the disability-related need for an ESA:**  |  | | --- | |  |  |  | | --- | |  |  1. **Explain how the animal alleviates one or more of the identified substantially-limiting major life activities (thereby reducing the identified symptoms or effects of this individual’s existing disability):**  |  | | --- | |  |      |  | | --- | |  | |
| 1. **What type of animal is being requested?**  |  | | --- | |  | |



# Request for Emotional Support Animal in WCU Campus Housing

## Healthcare Provider Information – to be completed by healthcare provider

I am verifying that the named student information is correct, that the student is a patient that I have been treating, and that **I am not a relative of the student.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | License Number: |  |  |  |  | State: |  |

|  |  |
| --- | --- |
| Provider’s Degree: |  |

|  |  |
| --- | --- |
| Address: |  |

|  |  |
| --- | --- |
| City, State, Zip: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Provider’s Signature:** |  | **Date:** |  |



# Request for Emotional Support Animal in WCU Campus Housing

## OSSD DECISION

|  |  |
| --- | --- |
| **The following student is**  PERMITTED  NOT PERMITTED (explain below)   |  | | --- | |  |   **To have an Emotional Support Animal in residence for the current school year ONLY.** |
| **SIGNATURE OF OSSD OFFICIAL:** |
| **DATE:** |

## Student Information: to be completed by student

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Student Name: |  |  |  |  | Date: |  |
|  | Last |  | First | M.I. |  |  |

Student ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Campus Address: |  |  |
|  | Dormitory | Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
| WCU Email: |  | Phone: |  |

A COPY OF **ONLY THIS PAGE** SHOULD BE PROVIDED TO THE DIRECTOR OF HOUSING FOR WCU OR USH AS EVIDENCE OF APPROVAL