



Petition for Emotional Support Animal Accommodation

The information requested from a mental health provider is necessary for Daemen University to consider the request for an Emotional Support Animal (ESA). **Note:** Emotional Support Animals (ESAs) may not move onto campus until all processes and procedures have been reviewed, signed, and information pertaining to the animal has been provided, and the request has been approved by the Office of Accessibility Services and Housing & Residence Life.

Under the Fair Housing Act, a housing provider may request reliable documentation when an individual requesting a reasonable accommodation has a disability and disability-related need for an accommodation that is not obvious or otherwise known. Some websites sell certificates, registrations, and licensing documents for assistance animals to anyone who answers certain questions, participates in a short interview, and/or pays a fee. According to guidance from the Department of Housing & Urban Development (HUD, 2020), such documentation from the internet is not by itself sufficient to establish that an individual has a non-observable disability or disability-related need for an assistance animal.

We encourage reviewing our Daemen University Assistance Animal Policies on the [Accommodations website](#) with your mental health provider prior to completing the form. It is also recommended for students to contact Accessibility Services (716-839-8228, access@daemen.edu) prior to submitting this form to aid with the process.

Your mental health provider(s) cannot be a family member and must be the specialist you are working with in regards to your specific request or need. Please note, due to the nature of housing logistics, requests for ESA accommodations should be made at least 60 days prior to the move-in date of a semester. Requests may be made after that time, however they may not be able to be honored due to availability.

To be filled out by student (Please Print/Type):

Name: _____ Date: _____

Starting Semester of ESA Request: _____ Cell Phone: _____

By signing below, I consent to allowing my mental health provider to share any information relevant to my need for an ESA as an accommodation, as shown on this form, with the Daemen University Accessibility Services Office. Note this petition will be redacted of all personally identifying information before the request is reviewed by the Daemen University Accommodations Committee.

Name of Mental Health Provider: _____

Provider's Phone: _____ Provider's Email: _____

Student Signature: _____



TO: Mental Health Provider

The student above has indicated that you are the mental health provider who has suggested that having an Emotional Support Animal (ESA) in the residence hall will have therapeutic benefit in alleviating one or more of the identified symptoms or effects of the student’s mental health disability. Note 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. Generally, we prefer documentation from mental health providers who have personal knowledge and a consistent relationship with the student, aligning with their professional obligations.

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The Mental Health Provider must submit all forms by mail, fax or email to:

Office of Accessibility Services
Daemen University
4380 Main Street
Amherst, NY 14226
Fax: 716-745-4335
Email: access@daemen.edu

To be completed by Mental Health Provider (print/ type): Please evaluate the request for this accommodation by answering the following questions:

Information About the Student’s Disability

Federal law defines a person with a disability as someone who has a physical or mental impairment that **substantially limits** one or more major life activities. That suggests that a diagnosis (label) does not necessarily equate with a disability (substantial limitation).

Describe the nature of the student’s mental health impairment (e.g., how is the student **substantially limited?**)



Documentation of disability must come from a source with sufficient direct personal knowledge of the individual to clarify the need for the ESA & the nexus between the disability & the animal presence in housing.

When did you first meet with the student regarding this mental health diagnosis? _____

When did you last interact with the student regarding this mental health diagnosis? _____

What is the nature of your meetings (i.e., face-to-face meetings or virtual interaction)? _____

How often have you seen the student (or plan to see the student) for further counseling/treatment?

What specific symptoms is this student experiencing, and how will those symptoms be mitigated by the presence of the ESA? General assessments are typically insufficient. For example, a statement that “The animal alleviates anxiety” is too general and does not explain HOW the animal may alleviate the student’s symptoms.

Information About the Proposed ESA (if identified):

(Note: There are restrictions on the kinds of animals that can be approved for residential buildings. 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). If an animal has been identified, please list that information below:

Name of animal: _____ Type of animal: _____ Age of animal: _____

Size of the cage/crate needed for containment: _____

Dogs and cats are most often requested as ESAs, and seem best suited to adapting to the communal living setting of the college residence hall. If another type of animal is being suggested for this student, please explain why you believe that animal is a better choice.



Is there evidence that an ESA has helped this student in the past or currently? If not, why do you believe this may be an effective support for the student at this time?

This student has access to ESA rules and regulations on the Daemen University [Accommodations Website](#) for having an animal in residence. Has the student shared those restrictions with you? **Yes** ___ **No** ___

Should the student be approved for an ESA Accommodation, the student is responsible for following the aforementioned rules and regulations. If the animal were to be removed from the housing unit due to violation of policy or other circumstances (*e.g. animal injures someone or destroys property*), describe the impact this may have on the student.

Have you discussed the responsibilities associated with properly caring for an animal while engaged in typical college activities and residing in campus housing? **Yes** ___ **No** ___

Do you believe those responsibilities might exacerbate the student's symptoms? (If you have not discussed this with the student, we will discuss this with the student at a later date.) **Yes (Describe Below)** ___ **No** ___



Mental Health Provider Information (print/ type):

Name of Mental Health Provider: _____ Date: _____

Address: _____ State: _____ Zip: _____

Fax and/or Email Address: _____ Telephone: _____

Type of License: _____ License Number: _____

Professional Signature: _____

Forms must be submitted by the Mental Health Provider via mail, fax or email to:

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Thank you for taking the time to complete this form. The named student has signed this form indicating written permission to share information with us in support of the request. If we need additional information, we may contact you at a later date.