



### **Application for Housing Accommodations – Emotional Support Animal (ESA)**

The student must complete Parts I & II of this application. The student's healthcare provider must complete Part III. With this application, the student must also supply supportive documentation from a licensed provider specializing in the student's disability. The completed application, along with all supporting documentation, should be submitted to the Accessibility Services office for review.

All information is kept confidential under all applicable laws and is only shared with members of the Accessibility Services team for purposes of evaluation and determination of reasonable accommodations.

In accordance with established policies and procedures, supporting documentation must be submitted to Accessibility Services to verify the functional limitations imposed by the disability. Documentation guidelines will be provided by the Accessibility Services at (908) 852-1400 ext. 2584, or via email at [accessibilityservices@centenaryuniversity.edu](mailto:accessibilityservices@centenaryuniversity.edu).

The Centenary Residence Life Department administers and coordinates the policies and procedures relating to accommodations within residence halls. An emotional support animal (ESA) is an animal who is a part of a treatment plan for an individual with a disability.

The animal is suggested, usually by a mental health professional, to support in aiding the symptoms of a disability. The determination of whether an ESA will be allowed is designated on a case-by-case basis. In order for an ESA to be considered a reasonable accommodation, there must be current confirmation of necessity from the student's treating mental health provider that confirms the student has a physical or mental impairment that significantly confines one or more major life activities, defines the requirement for the requested accommodation, and recognizes how the ESA eases the symptoms of a disability.

ACCESSIBILITY SERVICES

PART I. REQUEST FOR EMOTIONAL SUPPORT ANIMAL

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

Date: \_\_\_\_\_ Student ID #: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Indicate class year (please circle): Freshman Sophomore Junior Senior Transfer Graduate

Please indicate the type of proposed ESA: \_\_\_\_\_

Please specify your disability for which you are requesting an ESA.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate the type of animal that you are requesting to have:

\_\_\_\_\_ \*Note: The maximum allowed size of a dog crate/enclosure is medium (no animals over 40 pounds) Briefly describe why you are requesting the above accommodation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## ACCESSIBILITY SERVICES

PART II. RELEASE OF INFORMATION I, \_\_\_\_\_, give permission for the exchange of any medical, educational, psychosocial, or psychiatric information between the members of the Housing Accommodations Committee. AND the healthcare provider listed

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

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

All information is kept confidential under all applicable laws and is only shared with members of the Housing Committee for purposes of evaluation and determination of reasonable accommodations. \_\_\_\_\_

Student Name (please print)

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I.D. Number \_\_\_\_\_

Student Signature:

Date:

PART III. CERTIFICATE OF DISABILITY/REQUEST OF INFORMATION

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

Date: \_\_\_\_\_

Healthcare Provider Name: \_\_\_\_\_

Credentials and State License #: \_\_\_\_\_  
\_\_\_\_\_

Please respond to the following questions regarding the above-named student:

Date of the most recent evaluation: \_\_\_\_\_

Date of onset: \_\_\_\_\_

1.) What is the description of the student's mental health impairment (how is the student substantially limited)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2.) Does the student require ongoing treatment? If so, what is the current treatment plan?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3.) How long have you been working with the student regarding this diagnosis?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4.) Is this an animal that you purposely recommended as part of treatment for the student, or is it a pet that you believe will have a positive effect for the student while in residence on campus?

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\_\_\_\_\_  
\_\_\_\_\_

ACCESSIBILITY SERVICES

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5.) What symptoms will be decreased by having the ESA?

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6.) Is there verification that an ESA has helped this student in the past or currently?

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7.) In your opinion, how essential is it for the student's well-being that the ESA be in residence on campus? What outcomes, in terms of disability symptomology, may result if the accommodation is not approved?

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8.) Have you reviewed the responsibilities related to appropriately caring for an animal while involved in typical college activities and residing in campus housing? Do you think those obligations might exacerbate the student's symptoms in any way?

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Healthcare Provider Signature: \_\_\_\_\_

Date: \_\_\_\_\_