



Cleveland Institute of Art

REQUEST FOR INFORMATION Re: Emotional Support Animal

STUDENT (please sign this form before providing it to your mental health provider to complete):
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 Amanda Calabro from the Disability Services office for the next 60 days.

Signature

Date

Student Identifying Information

First Name: Middle: Last:

Preferred Name:

Date of Birth:

Local Phone () - Cell Phone () -

Address (street, city, state and zip code):

The above-named student has indicated that you are the (physician, psychiatrist, mental health worker) who has suggested that having an Emotional Support Animal (ESA) in the residence hall will be helpful in alleviating one or more of the identified symptoms or effects of the student's disability. Generally, we accept documentation from providers in the State of Ohio or the student's home state. Letters purchased from the internet for a set price rarely provide the information necessary to support an ESA request.

The Federal Trade Commission (FTC) has been asked to investigate websites that purport to provide documentation from a health care provider in support of requests for an ESA. The websites in question offer for sale documentation that is not reliable for purposes of determining whether an individual has a disability or disability-related need for an ESA because the website operators and health care professionals who consult with them lack the personal knowledge that is necessary to make such determinations.

So that we may better evaluate the request for this accommodation, please answer the following questions being sure to address the disability and the relationship to the substantial limitation of one or more major life activities the disability creates in residential housing. Complete information is necessary to assist us in the decision-making process for the ESA request:

Information about the Student's Disability

(A person with a disability is defined as someone who has "a physical or mental impairment that substantially limits one or more major life activities.")

- 1. What is the nature of the student's mental health impairment (that is, how is the student substantially limited?) Please include a DSM-IV or V diagnosis (specific disability) AND pertinent background information related to the disability.

Three horizontal lines for providing an answer to question 1.

2. Specifically, how is the student substantially limited in one or more major life activities in housing by this disability such that an ESA would be necessary for this student to have full benefit or enjoyment of housing at the Cleveland Institute of Art?

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

4. When did you first meet with the student regarding this diagnosis, and how long have you been actively treating the student? Have you met with this student more than one time regarding this diagnosis?

Information about the Proposed ESA

(Please note that there are some restrictions on the kind of animal that can be approved for the residence hall; 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.)

1. What is the name, type, and age of the proposed ESA (if identified):

2. Recommended Animal: (Choose one):

- This is a specific individual animal explicitly prescribed as part of treatment for the student.
- The animal is a pet that you believe will be beneficial to the student while in residence on campus.
- The recommendation is for an Emotional Support Animal, but the specific animal breed/species has not been selected at this time.
- Other: _____

3. What symptoms will be reduced by having an ESA?

4. Is there evidence that an ESA has helped this student in the past or currently?

Importance of ESA to Student's Well-Being

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

2. This student was provided with a copy of the rules and restrictions surrounding the presence of an animal in residence in the University housing. Has the student shared those restrictions with you?
 Yes No

3. 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?

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

We recognize that having an ESA in the residence hall can be a real benefit for someone with a significant mental health disorder, but 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.

Please provide contact information, sign and date this questionnaire (below). Please send documentation to: Amanda Calabro, Disability Support & Academic Advisor, via confidential fax (216) 238-6158; email: aecalabro@cia.edu; or U.S. mail to Cleveland Institute of Art, 11610 Euclid Blvd., Cleveland, OH 44106.

Name: _____

Credentials or Certification: _____

License # & State: _____

Practice/Business Name: _____

Street Address: _____

City, State, Zip: _____

Telephone #: _____

FAX and/or Email address: _____

Date: _____

Signature: _____