



**REQUEST FOR INFORMATION Re: Emotional Support Animal (HUD/FHA)**

**\*STUDENT: Please sign this form before providing it to your mental health provider to complete.**

*(The health care provider need not use this specific form, but all the information requested here is necessary for the institution to have in order to consider the request for an ESA; the form is provided as a convenience.) Roger Williams University reserves the right to make an ESA determination on a case-by-case basis.*

Student's Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

RWU Student Email: \_\_\_\_\_ Year: \_\_\_\_\_

**Proposed ESA Information**

Name of Animal: \_\_\_\_\_ Type of Animal: \_\_\_\_\_ Age of Animal: \_\_\_\_\_

Neuter/Spay Status: \_\_\_\_\_ Housebroken Status: \_\_\_\_\_ Duration of Ownership: \_\_\_\_\_

<b><u>Emergency Contact Information</u></b>	<b><u>ESA Conditions</u></b>
<p><i>An emergency contact person shall be available 24/7 within 50 miles of Roger Williams University in case the ESA's owner is unable to care for the animal in any given circumstance. The emergency contact may <b>not</b> be a student or staff in residence of Roger Williams University.</i></p> <p><b>Name:</b> _____</p> <p><b>Relationship to RWU Student:</b> _____</p> <p><b>Phone Number:</b> _____</p> <p><b>Email:</b> _____</p> <p><b>Address:</b> _____</p>	<ol style="list-style-type: none"> <li>1.) Certified Overall Good Health</li> <li>2.) Proof of All Current Vaccines (with Expiration Dates)</li> <li>3.) Proof of Neuter/Spay for cats/dogs (unless documentation is provided that it is medically unsafe)</li> <li>4.) Current Photo</li> <li>5.) ESA Agreement Signed</li> <li>6.) Roommate Agreement Emails Sent to SAS@rwu.edu</li> <li>7.) ESA Building Access Limited to Assigned Room</li> <li>8.) Emergency Contact Information Completed</li> <li>9.) Cats and dogs must be at or approaching adulthood (e.g. cats: 6 months, dogs: 12 months)</li> </ol>



# Roger Williams University

Student Accessibility Services  
The Jeremy Warnick Center for  
Student Accessibility

Roger Williams University  
Library, 1st Floor  
One Old Ferry Road  
Bristol, RI 02809  
(401) 254-3841  
sas@rwu.edu

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*By signing below, the Emergency Contact agrees to this role and accepts the responsibilities of being the Emergency Caretaker.*

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**Signature**

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**Date**

*By signing below, I consent to allowing my health care provider to share any information relevant to my need for an ESA as an accommodation, as shown on this form, with the student Accessibility Services office.*

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**Signature**

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**Date**

*The above-named student has indicated that you are the health care 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. Generally, we prefer documentation from providers in the State of Rhode Island or the student's home state who have personal knowledge of the student, consistent with their professional obligations. 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.**



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## **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).*

- 1.) What is the nature of the student's mental health impairment (that is, how is the student **substantially limited**?)

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- 2.) Does the student require ongoing treatment?

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- 3.) When did you first meet with the student regarding this mental health diagnosis, and in what context (that is, was it a face-to-face meeting or a virtual interaction)?

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- 4.) When did you last interact with the student regarding this mental health diagnosis?

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## Information About the Proposed ESA

*(Please note that there are some restrictions on the kind of animal that may 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 identified.)*

- 5.) Is the animal identified here one 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?

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- 6.) What specific symptoms will be reduced by having an ESA, and how will those symptoms be mitigated by the presence of the ESA?

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- 7.) Is there evidence that an ESA has helped this student in the past or currently? If yes, please explain.

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## Importance of ESA to Student's Well-Being

- 8.) 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?

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- 9.) This student was provided ESA conditions (page 1). Has the student shared those conditions with you? (Please select/check the "yes" or "no" option)  Yes  No



10.) Have you discussed with the student 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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*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 (Page 1) authorizing you 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 below, and return the completed form to [sas@rwu.edu](mailto:sas@rwu.edu)**

**Contact information**

**Name:** \_\_\_\_\_

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

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Professional Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Type of License:** \_\_\_\_\_ **License #:** \_\_\_\_\_