



Emotional Support Animal Accommodation Request for Housing and Residence Life

Section 504 of the Rehabilitation Act of 1973 and the Fair Housing Act (FHA) requires the Oklahoma State University to make reasonable accommodations for individuals with disabilities who seek to have emotional support animals (ESAs) in University housing unless doing so would impose a fundamental alteration to the nature of the University's operations or impose an undue financial or administrative burden. Residents and prospective residents can use this form to request an ESA accommodation from Student Accessibility Services (SAS).

NOTICE: Residents must obtain prior written approval from SAS to bring an ESA into University housing. Residents, including those eligible for but who have not received SAS approval for an ESA accommodation, are subject to consequences under generally applicable housing policies for bringing an ESA into University housing without approval. Under the FHA, a resident can request an ESA reasonable accommodation at any time.

How to Request an ESA Accommodation

Unless the disability or diagnosis that forms the basis for the request for an ESA is otherwise known to the University, the resident must:

- Provide reliable documentation confirming the resident's disability **and**
- Provide reliable documentation confirming the disability-related need for an ESA.

NOTICE: Under U.S. Department of Housing and Urban Development (HUD) guidance, licensing documents granted by websites for a fee generally are not, by themselves, sufficient to reliably establish that an individual has a non-observable disability or disability-related need for an ESA under the FHA. Residents are encouraged to provide documentation from a healthcare professional with an ongoing professional relationship with the resident involving the provision of healthcare or disability-related services.

One reliable form of documentation is the **Healthcare Provider Verification Form** below. This form should be completed by the resident's healthcare professional (e.g., physician, optometrist, psychiatrist, psychologist, physician's assistant, nurse practitioner, or nurse) and will confirm the resident's disability based on personal knowledge of the resident.

Residents must submit requests accompanied by all necessary, reliable supporting documentation with sufficient lead time to allow SAS to review, conduct an intake, and respond **before** the resident seeks to bring an ESA into University housing. **An ESA is not allowed in University housing without prior written approval.**

Processing Time

- ◆ For current residents, processing time can take up to **60 days**.
- ◆ For incoming residents, applications are reviewed during the semester (including summer) prior to the resident's arrival.

Healthcare Provider Verification Form

Notice: A healthcare professional must complete this form to document the resident's disability, disability-related need for an ESA, or both.

Instructions

All questions on this form are required unless otherwise noted.

The following individual is requesting an accommodation for an emotional support animal (ESA) in University housing:

Individual's Full Name

Date of Birth (MM/DD/YYYY)

The individual referenced above has identified you as a healthcare provider who can support the request by providing reliable documentation confirming the individual's disability, disability-related need for an ESA, or both. The individual has authorized you to release the information requested in this form relating to the individual's disability, disability-related need for an ESA, or both disability and disability-related need for an ESA.

A healthcare professional need not use a specific form to provide reliable documentation for an ESA accommodation, but the information provided must reasonably support that the person seeking the accommodation has a disability and a disability-related need for an ESA accommodation if not obvious or otherwise known to the University. The questions in this Section are provided as a courtesy to facilitate the provision of reliable support for a request. Residents and their healthcare professionals who do not use this form are advised to review the U.S. Department of Housing and Urban Development's [Guidance on Documenting An Individual's Need for Emotional Support Animals in Housing \(PDF\)](https://www.hud.gov/sites/dfiles/PA/documents/HUDAsstAnimalNC1-28-2020.pdf) ([hud.gov/sites/dfiles/PA/documents/HUDAsstAnimalNC1-28-2020.pdf](https://www.hud.gov/sites/dfiles/PA/documents/HUDAsstAnimalNC1-28-2020.pdf)) for more information on what details may be necessary to reasonably support a request.

Residents and their healthcare providers who wish to use this form to submit reliable documentation should complete this form and return it by either emailing it to accessibility@okstate.edu or the applicant can upload it into their AIM portal. Please review the entire form before completing this section.

Please answer all questions thoroughly. Failure to do so may result in the request being delayed.

Healthcare Provider Contact Information

Healthcare Provider Name (Please Print)

Position or Title

License or Certification Number

Issuing State

Board Certification or Area of Specialization

Name of Organization or Employer

Business Address (Street, City, State, ZIP Code)

Phone Number

Email Address

Website (if applicable)

Patient Relationship Verification

SAS may not require healthcare providers to provide an individual's diagnosis or other detailed information about a person's physical or mental impairments to qualify for an ESA. However, SAS relies on professionals to provide accurate information to the best of their personal knowledge, and consistent with their professional obligations to assess requests for ESA accommodations.

Without disclosing the diagnosis or providing detailed information about the individual's physical or mental impairments, please answer the following questions with respect to the individual requesting an ESA:

Date you first met with the patient regarding this condition (MM/DD/YYYY): _____

Date of your most recent contact regarding this condition (MM/DD/YYYY): _____

Approximate number of sessions you've had related to this condition: _____

Do you plan to continue treating this patient? Yes No

- If yes, indicate expected frequency (e.g., weekly, monthly): _____

Clinical Assessment

Does the patient have a mental health condition that substantially limits one or more major life activities? Yes No

- If yes, explain which major life activities and why the limitation is ***substantial***. Conclusory statements in response to this question (e.g., "Based on my professional experience, the impact is substantial.") are generally insufficient to establish a substantial limitation, so please be specific.

Are you recommending an ESA as part of the patient's treatment plan? Yes No

- If yes, explain why. General assessments (e.g., "The animal alleviates anxiety.") are generally insufficient to establish a disability-based need for an ESA. Please be explicit in describing why you are recommending an ESA for this patient.

In your clinical opinion, **why is it important** for this patient to have an ESA in University housing? What benefits are expected that cannot be achieved through other accommodations or supports?

ACKNOWLEDGEMENT AND CERTIFICATION

I acknowledge that I have provided accurate information consistent with my professional obligations and based on personal knowledge of my patient or client, i.e., the knowledge used to diagnose, advise, counsel, treat, or provide healthcare or other disability-related services to my patient or client.

I certify that I have the professional training, background, and qualifications to support the patient's request for an ESA accommodation. I confirm that the information provided is my personal professional opinion based on clinical information obtained through a current and comprehensive assessment of the individual and is not based on generalizations about the potential for ESAs to help individuals with particular disabilities.

Healthcare Provider's Signature

Date of Signature (MM/DD/YYYY)