

EMOTIONAL SUPPORT ANIMAL DOCUMENTATION GUIDELINES

Student/Patient Full Name: _____

Contact Phone: _____

Type of Animal: _____

The above named student is requesting an accommodation to reside with an emotional support animal (ESA) in a CCAD residence hall to alleviate one or more documented symptoms related to a disability(ies). To better understand the **need for the animal for the student to use and enjoy campus housing**, please provide a typed letter on official letterhead that includes and demonstrates the following required information:

- The Licensed Health Care Provider's (LHCP) name, credentials, contact information, and dated signature
- The student has a disability, as defined by the Americans with Disabilities Act (ADA,) and the associated symptoms
- Which major life activity(ies) the disability(ies) impacts in a housing environment
- That the ESA has been prescribed as part of a treatment plan for the diagnosed disability(ies)
- The necessity for the ESA in order to provide the student equal opportunity to use and enjoy campus housing
- A clear explanation of the nexus, or relationship, between the assistance the animal provides and the documented disability(ies) –specifically, how will the ESA mitigate the symptoms presented by the disability(ies)

Additional Information (not required but recommended):

1. Are you the primary health care provider treating this student for the disability diagnosis directly related to the ESA request? If so, how long have you been working with the student regarding this diagnosis?
2. Does the student require ongoing treatment?
3. Have you discussed the responsibilities associated with properly caring for an ESA while engaged in typical college activities or residing in campus housing? Do you believe those responsibilities might exacerbate the symptoms in any way? (If you have not had this conversation with the student, CCAD will review ESA care responsibilities at an appropriate time in the process.)

Thank you for taking the time to share this information. If we need additional information, we may contact you at a later date. We recognize that residing with an ESA can assist students with a disability function in a housing environment, 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.

CONTACT INFORMATION FOR DOCUMENTATION SUBMISSION:

Email: disability@ccad.edu

Fax: 614.437.7261

Mailing Address: Disability & Access Services, 60 Cleveland Avenue Columbus, OH 43215