

Emotional Support Animal Request Form CSUEB Accessibility Services

In order to consider the request and permit an Emotional Support Animal (ESA) as a reasonable accommodation, the University requires documentation from two sources:

1. A qualified licensed healthcare professional that substantiates the requesting individual's status as a person with a disability who requires the presence of an animal in order to alleviate one or more identified symptoms or effects of their mental health condition. The University will accept documentation from providers licensed in the State of California, or from the student's home state, who have personal knowledge of the student, consistent with their professional obligations. The specific information requested is located on pages 2 and 3 and can be submitted on this form, or in a letter, that addresses the questions on this form. **All questions must be addressed in submitted documentation.**
2. The student is required to submit information related to their request for an ESA. The specific information requested is located on pages 2 of this form, and can be submitted in writing or during the appointment with an accessibility counselor. An appointment is required in order to finalize the ESA request process. Page 3 contains a consent to release information, which may be required by the provider.

The student and health care provider need not use this specific form, but all the information requested here is necessary and must be provided to the Accessibility Services office at CSU East Bay in order for the requested accommodation to be considered; the form is provided as a convenience.

Additional information regarding the Emotional Support Animal Approval Process

[CSUEB Assistance Animal Agreement Form \(www.csueastbay.edu/housing/files/docs/esa-forms/assistance-animals-agreement.pdf\)](http://www.csueastbay.edu/housing/files/docs/esa-forms/assistance-animals-agreement.pdf)

[Fair Housing Act \(www.hud.gov/program_offices/fair_housing_equal_opp/assistance_animals\)](http://www.hud.gov/program_offices/fair_housing_equal_opp/assistance_animals)

[HUD Assistance Animal Guide \(www.hud.gov/sites/dfiles/PA/documents/AsstAnimalsGuidFS1-24-20.pdf\)](http://www.hud.gov/sites/dfiles/PA/documents/AsstAnimalsGuidFS1-24-20.pdf)

[Letter from HUD to FTC \(www.hud.gov/sites/dfiles/Main/documents/11_06_2019_Letter.pdf\)](http://www.hud.gov/sites/dfiles/Main/documents/11_06_2019_Letter.pdf)

[FHEO Notice: FHEO-2020-01 \(www.hud.gov/sites/dfiles/PA/documents/HUDAsstAnimalNC1-28-2020.pdf\)](http://www.hud.gov/sites/dfiles/PA/documents/HUDAsstAnimalNC1-28-2020.pdf)

As indicated in HUD guidance, released on January 28th, 2020 (FHEO Notice: FHEO-2020-01), documentation obtained from websites selling certificates, registration, and licensing documents for assistance animals to anyone who answers certain questions or participates in a short interview, may not, by itself sufficient to reliably establish that an individual has a disability related need for an assistance animal.

Additionally, 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 may not reliably establish 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 often lack the personal knowledge that is necessary to make such determinations.

PLEASE NOTE: Effective Jan. 1, 2022, the State of California [A.B 468](#) requires that documentation be provided by a qualified provider who has established a relationship with the client for **at least 30 days** prior to submitting documentation regarding the need for an Emotional Support Animal. (https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB468)

Thank you for taking the time to complete this form. If we need additional information, we may contact you at a later date. We recognize that having an ESA in housing can be a benefit for someone with a significant mental health disability; however, the practical limitations of housing arrangements and the responsibilities inherent in the care of an ESA make it necessary to carefully consider the impact of the request for an ESA on both the student and the housing community.

TO BE COMPLETED BY STUDENT

Student Name: _____ Net ID: _____ Date: _____

- Please check if you prefer to address these questions in an appointment.**
- Please describe why you are requesting an ESA as an accommodation. What benefit do you feel this will have for you? What barriers will you experience without an ESA?

- Please describe, if any, your experience with having an emotional support animal prior to coming to CSUEB.

Please indicate your understanding or, or compliance with, the following by initialing below:

____ I understand that Accessibility Services may approve an ESA as an accommodation in housing and that housing will make the ultimate determination on whether the specific animal I am requesting is reasonable for the living environment.

____ I understand that any decision regarding my ESA made by the University with which I do not agree may be appealed through established grievance procedures which can be found at [Complaint Resolution Process](https://www.csueastbay.edu/accessibility/complaint-resolution.html) (<https://www.csueastbay.edu/accessibility/complaint-resolution.html>).

Student Signature _____

Date: _____

Consent to Release Information

I give my consent for Cal State East Bay's Accessibility Services department to receive pertinent disability information from the licensed healthcare practitioner identified below, in order to enable the University to make an informed determination of my eligibility and entitlement to a reasonable accommodation for the Emotional Support Animal (ESA) being requested.

Student Name: _____ Net ID: _____ Date: _____

Provider Name: _____ Provider Title: _____

Provider Phone Number: _____ Provider Email/Fax: _____

Student Signature: _____ This release is valid until: _____

TO BE COMPLETED BY QUALIFIED PROVIDER

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Information about Patient's Disability

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

- Does your patient have a physical or mental impairment that limits his or her ability to engage in a major life activity?
Yes/No
- *If Yes* – Please provide a detailed description of the barriers experienced by the student as they relate to living and/or learning at CSU East Bay.

- What treatment, strategies, and interventions have been implemented to address the above barriers, other than an ESA?

- Length of time this patient has been under your care: _____
- Date of patients last visit: _____
- This visit took place:

____ On Phone ____ In-office Visit ____ Video Conference (Zoom, Skype, etc) ____ Internet Questionnaire ____ Email

Information about the Proposed ESA

Please note that not all animals may be appropriate for the residence halls; 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.

- Is there evidence that an ESA has helped this student in the past or currently? **Yes/No**

Information about the Proposed ESA Cont.

- Is the animal 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?

Importance of ESA to Students Ability to Use and Enjoy CSUEB Housing

- What specific symptoms will be reduced by having an ESA, and how will those symptoms be mitigated by the presence of the ESA?
- How will the students' ability to use and enjoy their dwelling be compromised if the accommodation is not approved?
- 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**
- Have you discussed the responsibilities associated with properly caring for an animal while engaged in typical college activities and residing in campus housing? (If you have not had this conversation with the student, we will discuss this with the student at a later date.) **Yes/No**
- Do you believe those responsibilities might exacerbate the student's symptoms in any way? **Yes/No**

Practitioner - License and Contact Information:

Name: _____ Title: _____

Address: _____

E-mail and/or Fax: _____ Telephone: _____

Professional License Type: _____ License or Certification # _____

**** I verify that the above information is complete and accurate to the best of my knowledge and certify based upon professional ethics that I am not related to this patient.**

Provider Signature: _____ **Date:** _____

Please return completed document to:

California State University East Bay
Accessibility Services LI2400
25800 Carlos Bee Blvd.
Hayward, CA 94542
Fax: 510-885-4775

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