



Emotional Support Animal Housing Accommodation Request

Student Name: _____ K# _____

I am requesting the following housing accommodation:

Emotional Support Animal: Dog Cat Age of animal: _____

Note: All approved emotional support animals must comply with applicable laws regarding animals, including the Kingsville, TX. Code of Ordinance, ARTICLE 3. – ANIMALS.

An assistance animal is an animal that works, provides assistance, or performs tasks for the benefit of a person with a disability, or that provides emotional support that alleviates one or more identified effects of a person’s disability. **An assistance animal is not a pet.**

Student signature: _____ Date: _____

ELIGIBILITY REQUIREMENT

An individual with a disability is defined by the ADA as a person who has a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment. (See, *Americans with Disabilities Act Title II Regulations*, 45 CFR 84.3(j) (2) (i))

To receive reasonable accommodations under FHA Act and Section 504 of the Rehabilitation Act of 1973, Texas A&M University-Kingsville requires information reflecting the most currently available documentation of the student’s medical condition which necessitates an Emotional Support Animal/Assistance Animal from a physician, psychiatrist, social worker, or other licensed mental health professional. Many, but not all, states require face-to-face assessments, and some license holders are restricted from treating relatives or from diagnosing clients independently and/or without the clinical supervisor’s approval. TAMUK expects any licensed clinical professional to be licensed in the state of Texas. No out of state telehealth, documentation will be accepted.

This form must be completed in its entirety by a qualified professional with knowledge of the medical history and limitations of the student’s condition(s).

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Does the person seeking to use and live with the assistance animal have a disability as defined by the Americans with Disabilities Act, ADA — i.e., a physical or mental impairment that substantially limits one or more major life activities? ___Yes ___ No
2. Date of first contact with this student: _____/_____/_____
3. Date of last contact with this student: _____/_____/_____
4. *Diagnosis*: Please list all relevant diagnoses. Including DSM-V or ICD Diagnoses (text and code), and date of Diagnoses _____

5. How did you arrive at your diagnosis? Check all that apply. (**Attach copies of results**) Please do not provide case notes or ratings scales without a narrative that explain the results.
 - ___ Behavioral Observations
 - ___ Developmental History
 - ___ Educational History
 - ___ Medical History
 - ___ Clinical Interview (Structured or Unstructured)
 - ___ Interview with Others

_____ Rating Scales

_____ Other – Please specify _____

6. Current Severity of Symptoms and Prognosis of Condition/Disorder:

- Mild
- Moderate
- Severe
- Good
- Fair
- Poor

7. Describe symptoms related to the student’s condition that cause significant impairment in a major life activity. Include how this limitation affects the student’s ability to use and enjoy university housing.

8. What evidence is there that an emotional support animal has helped this student in the past or currently?

9. Why is it necessary for the student’s wellbeing that the emotional support animal live with her/him on campus?

10. How would this student be impacted if the request for an emotional support animal is not approved?

Must be completed by the licensed clinical professional or health care provider

Print Name and Title: _____

Credentials: _____ Specialty: _____

State of License: _____ License # _____

Address: _____ Phone: _____

I certify that I conducted or formally supervised and co-signed the diagnostic assessment of this student.

Signature _____ Date: _____

All documentation submitted is considered confidential.

Submit information to:

Texas A&M University-Kingsville
Student Health and Wellness - Disability Resource Center
MSC 112, 700 UNIVERSITY BLVD
Kingsville, TX 78363
Phone: 361-593-3024
Fax: 361-593-2006