

**ALCORN STATE UNIVERSITY
Department of Health & Disability Services**

Request for Emotional Support/Assistance Animal Form

Student Name: _____
Residence Hall: _____

ASU ID#: _____
Room #: _____

For the purpose of this form, the following definitions apply.

Owner/Handler: A person with a disability who is responsible for the supervision and care of an assistance animal or a personal care attendant who assumes that responsibility.

Emotional Support Animal (ESA)/Assistance Animal: An animal that is necessary to afford a person with a disability an equal opportunity to use and enjoy university housing. An Emotional Support Animal/Assistance Animal may provide physical assistance, emotional support, calming, stability, and other kinds of assistance. Assistance animals that are not service animals under the ADA may still be permitted, in certain circumstances, to reside in university housing pursuant to the Fair Housing Act.

Specific type (species) of assistance animal being requested:

Breed: _____

Sex: _____

Description: _____

- 1) Any owner/handler may request an Emotional Support Animal in campus housing as an accommodation if each of the following conditions are met:
 - a) The person who is seeking to use and live with the ESA has a disability;
 - b) The person making the request has a disability-related need for an assistance animal that does work, provides assistance, performs tasks or services for the benefit of the person with a disability, or provides emotional support that alleviates one or more of the identified symptoms or effects of a person's existing disability.
- 2) Any handler requesting an assistance animal in campus housing must complete and return all of the following items in their entirety to the **Department of Health & Disability Services at least thirty (30) days prior to receiving a housing accommodation** for the specific assistance animal requested in this form.
 - a) Request for Disability Accommodation Application Packet students requesting any form of accommodations must register with the Department of Health & Disability Services;
 - b) Current Class Schedule is require by all students requesting accommodations;
 - c) Assistance Animal Request Form (this form) completed in its entirety;
 - d) Medical Documentation Form this form must be completed by a licensed medical professional in a field related to the disability.
 - e) Annual Proof of Current Vaccinations and Certification of Health from a licensed veterinarian for the specific assistance animal requested in this form
 - f) Annual Assistance Animal Care Plan for the specific assistance animal requested in this form.
 - g) Rules and Responsibilities Form must be signed by the owner/handler.
- 3) **Rules and Responsibilities of the Owner/Handler**

Once the Department Health & Disability Services has approved the ESA, the ESA Owner must abide by the following rules and responsibilities. Failure to abide by the ESA rules and responsibilities may lead to sanctions including removal of the ESA from University Housing.

1. The ESA Owner must complete and submit to the Department Health & Disability Services the Request for Emotional Support Animal Documentation Form and the Request for Housing Accommodation Form, as well as the required ESA Health Documentation before bringing the requested ESA to campus.
2. The ESA Owner agrees to abide by all other residential policies. An exception to the animal policy made under this ESA Policy does not constitute an exception to any other University policy.
3. All ESA Owners are recommended to provide their animal with a type of commonly recognized tag, identifying the animal, but not disclosing disability. Having your ESA wear an ID tag displaying the animal's name and owner's cell phone number can be helpful in case it is lost in a crowded place. It also helps other people know that your emotional support animal is more than a pet. Unless impractical, it is recommended the ESA should wear the tag at all times.
4. The ESA will remain in the ESA Owner's University assigned room and is not permitted in other student's rooms or the common areas of the residential facilities, and other areas of the University such as classrooms, academic buildings, administrative buildings, libraries, dining services areas, fitness center, pool etc.
5. ESAs brought on campus must be under the control of the ESA owner at all times. The ESA Owner must be in full control of the animal at all times (i.e. leash, harness, crate). The ESA owner is solely responsible for the animal's well-being, care and cleaning, including but not limited to regular feeding, bathing, grooming, daily care and veterinary services.
6. The owner must comply with all applicable laws regarding the keeping of an animal and is responsible for making sure the ESA does not disrupt the residential community.
7. The ESA may not be left unattended overnight in the residential facilities to be cared for by another student. ESAs must be taken with the owner if they leave campus for a prolonged period.
8. When ESAs are left unattended in a student's room, they are required to be stored in a crate, carrier or kennel. This containment will allow Alcorn State University officials to routinely access to the residential facilities for maintenance and other routine tasks without posing risk to the animal or employees.
9. Dogs as ESAs must be "house broken" and cats as ESAs must be litter box trained. Other smaller animals (i.e. gerbils, rabbits, guinea pigs etc.) must be caged and may not be left loose in the student's room.
10. Fecal matter deposited on University grounds or within the facilities need to be removed immediately and disposed of properly in appropriate containers. The owner is to arrange for immediate removal of fecal matter if unable to perform the task personally.
11. The ESA owner's residence may be inspected for fleas, ticks, pests, and/or damage to the residential facilities once a semester or as deemed necessary. The Office of Residence Life will conduct inspections. If fleas, ticks, or other pests are detected through inspection, the residence hall will be treated using approved fumigation methods by a University-approved pest control service. The ESA owner will be billed for the expense of any necessary pest control treatment.
12. The University may remove or require the removal of the ESA that poses a threat to the health or safety to others on campus, disrupts the educational environment of the University and/or residential community, or if the owner does not comply with the ESA Owner's rules and responsibilities for Emotional Support Animals. It is the responsibility of the ESA Owner to ensure the ESA does not interfere with the quality of life of other residents on campus. This includes noise violations (e.g. barking or other disruptive noise).
13. The owner will be financially responsible for expenses incurred above a standard cleaning or for repairs to the residential premises, including losses, liability, claims, and harm to others caused by the ESA.

14. The owner will hold the University blameless in the event the ESA goes missing. University staff is not responsible for the retrieval of the ESA in the event the animal escapes or becomes lost.
15. The owner must notify Department Health & Disability Services in writing if the ESA is no longer needed as an ESA, or is no longer in the residential facilities. To replace a previously approved ESA, the owner must complete a new registration process and submit other related forms to the Department Health & Disability Services.
16. The owner of an ESA may be asked to remove the ESA from University facilities if the owner or ESA fails to comply with the Rules and Responsibilities in this Policy and other University Policies.

4) **University Authority:** The University has the authority to temporarily or permanently exclude an assistance animal from its grounds or facilities if its behavior is unruly or disruptive, it is in ill health or habitually unclean. The University has a “one-bite” standard which requires an assistance animal to be removed from university property after the assistance animal has been found responsible for a single occurrence of biting or other aggressive behavior. The University reserves the right to move the owner/handler and the assistance animal to other space on campus due to health or safety needs of other residents who reside in the same building with the assistance animal. The University may deny access of an assistance animal if: the animal is out of control and its handler does not take effective action to control it; the animal is not housebroken (i.e., trained so that, absent illness or accident, the animal controls its waste elimination); or the animal poses a direct threat to the health or safety of others that cannot be eliminated or reduced to an acceptable level by a reasonable modification to other policies, practices and procedures. The decision to exclude an assistance animal from the University will be made by the Vice-President of Student Affairs.

5) **Explanation of Required Items:**

Medical Documentation: In order to ensure the provision of reasonable and appropriate housing accommodations for students with disabilities, Health & Disability Services requires documentation from a qualified licensed medical professional in a field related to the disability that provides verification of the disability, the need for the assistance animal, and the relationship between the owner/handler’s disability and the need for the emotional support animal/assistance animal, unless the need(s) are readily apparent or already known to the Department of Health & Disability Services. Please use the Request for Accommodations – Medical Documentation Form to assist you in the preparation of the Medical Documentation.

Annual Proof of Current Vaccinations and Certification of Health: The owner/handler will provide the Health & Disability Services with appropriate documentation from a licensed veterinarian confirming vaccinations, pest treatments, and annual health check-up prior to moving the specific assistance animal into the residential facility, and then on an annual basis if the specific assistance animal continues to live in the ASU housing system. The owner/handler must ensure that the Emotional Support Animal/Assistance Animal remains current on vaccinations and preventative treatments for pests common to the specific assistance animal. Emotional Support/Assistance Animals must wear the appropriately required valid vaccination tag(s).

Annual Assistance Animal Care Plan: The handler will attach a detailed Annual Emotional Support/Assistance Animal Care Plan to this form that will include:

1. Title and date created;
2. Handler’s name, home address, and cell phone number;
3. The specific type (species), breed, sex, and description of the assistance animal requested in this form;
4. Color picture of assistance animal

5. Additional emergency contact(s) name, address, and phone number(s).
6. Local animal shelter/boarding (e.g. local veterinarian, kennel, or caregiver) information and permission to accept specific assistance animal in case of emergency, including: name, local address, office number, and emergency contact number;
7. Authorization to leave assistance animal in the care of specified boarding provider at the handler's cost;
8. Daily care schedule (i.e. when the animal will be fed, exercised, sanitation/waste-relief schedule, and cleanup procedures for feces and urine);
9. Demonstrated knowledge of ASU Housing designated sanitation/waste-relief site(s) and outdoor waste disposal dumpsters;
10. Signature with date of Residence Life staff acknowledging the review of Annual Emotional Support Animal/Assistance Animal Care Plan.

I have read and understand my responsibilities as an emotional support animal owner as outlined above. Should I fail in my responsibilities, I understand my approved accommodation may be suspended and/or I may be charged with a violation of student policies. I also understand my request for accommodations has to be updated each academic term.

Owner/Handler Printed Name: _____

Owner/Handler Signature: _____

Date: _____

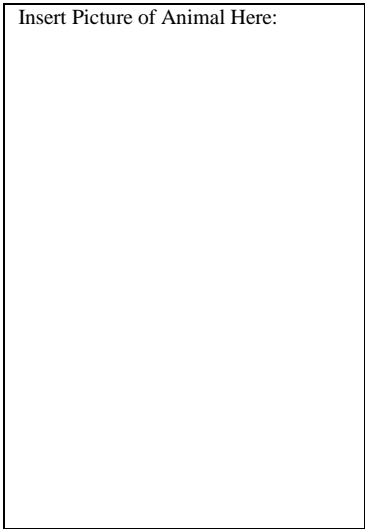
ALCORN STATE UNIVERSITY
Department of Health & Disability Services
Annual Assistance Animal Care Plan

Owner/Handler Information

Name: _____
Home Address: _____
City, State, Zip: _____
Cell Phone: _____
Campus Address: _____

Assistance Animal Information

Animal Name: _____
Type (species): _____
Breed: _____
Sex: _____ Spayed or Neutered: _____
Detailed Description: _____



Additional Emergency Contacts

Name: _____
Address: _____
City, State, Zip Code: _____
Home Phone: _____ Cell Phone: _____

Emergency Caregiver/Boarder

Name: _____
Address: _____
City, State, Zip Code: _____
Home Phone: _____ Cell Phone: _____

Authorization to Leave Emotional Support Animal/Assistance Animal with Emergency Caregiver/Boarder

I, _____, agree to house and attend to the needs of _____
(Emergency Caregiver/Boarder Name) (Owner/Handler Name)
named _____ in case of an emergency at _____
(Animal Type/Species) (Animal Name) (Owner/Handler Name)
expense. Alcorn State University will remain blameless in all incidence/occurrences as it relates to the Emotional Support/Assistance Animal.

Daily Care Schedule and Hygiene

(i.e. when the animal will be fed, exercised, sanitation/waste-relief schedule, and cleanup procedures for feces and urine)

Knowledge of ASU Residence Life Designated Sanitation/Waste-Relief Sites and Waste Disposal Dumpsters

_____ I have met with ASU Residence Life staff and was shown the preferred area to use a waste-relief site.

_____ I understand that I must place all feces in a plastic bag closed, and dispose of the bag in the outdoor dumpster.

Owner/Handler's Signature: _____ **Date:** _____

ASU Residence Life Staff: _____ **Date:** _____

Health & Disability Services Staff: _____ **Date:** _____

ALCORN STATE UNIVERSITY
Department of Health & Disability Services

REQUEST FOR ACCOMMODATIONS – MEDICAL DOCUMENTATION FORM

Patient Full Name: _____
(Print)
DOB: _____ ASU ID#: _____ Male Female

STUDENT RELEASE OF MEDICAL INFORMATION

I authorize my physician or any other professional clinician who may share in my care to release to the designated representative of Alcorn State University any and all information that shall be required with respect to my diagnosis for the purpose of determining for support services under the Students with Disability Program.

Student Signature

Date

The forenamed student has requested accommodations from the Department of Health & Disability Services at Alcorn State University on the basis of having a disability. This student reports being diagnosed with a physical or mental impairment which substantially limits one or more major life activities which may include, but is not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working.

To qualify for accommodations, verification of the disability and substantial limitations must be submitted with the Request for Disability Accommodations Application. Your name has been provided as the qualified medical professional diagnosing and treating this student.

Please complete all sections of this form and return to: Alcorn State University, Department of Health & Disability Services, 1000 ASU Drive, Lorman, MS 39096, PHONE: 601-877-6460, FAX: 601-877-2340.

This verification form must be completed and returned before accommodations can be provided.

To be completed by a licensed professional:

Provider: _____

Title: _____

License Number: _____ State: _____

Office Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Patient Name: _____

1. What is the student's diagnosis/impairment?

2. When the diagnosis was originally made?

3. What tests and/or diagnostic criteria were relied upon in reaching the diagnosis identified in question 1?

4. Is the student/patient currently under your care? Yes No

a) If so, duration of care?

b) Date of most recent contact?

c) Treatments, medications, assistive devices/services currently prescribed or used?

5. What major life activities are limited due to this diagnosis?

- breathing bladder bowel calculating circulatory cognition concentration
dexterity digestive eating endocrine hearing reading learning
lifting/carrying listening hearing immune system functions memory neurological normal cell
growth performing manual tasks reading seeing self-care sleeping sitting talking
walking/standing working writing/spelling
other _____

6. Please explain how the student's major life activities limited by the student's diagnosis.

7. Is the impact of the condition life threatening if the request is not met?

In what way?

8. Is the request an integral component of a treatment plan?

9. Describe how this condition affects the student's life functioning, specifically in relation to the student's physical, academic, and/or housing experience.

10. What specific recommendations for accommodations do you have regarding academic and/or housing assignment? Indicate if any recommendations are medically necessary.

11. Please include any other information that might be helpful in working with this student.

Licensed Professional's Signature: _____ **Date:** _____

Licensed Professional's Printed Name: _____ **Date:** _____

Return this form in its entirety and all required items to:

Alcorn State University
Department of Health & Disability Services
1000 ASU Drive, 779
Lorman, MS 39096

Fax: (601) 877-2340

Email: disabilityservices@alcorn.edu

(BELOW TO BE COMPLETED BY HEALTH & DISABILITY SERVICES PERSONNEL)

Required Components Reviewed by Staff:

(Staff Initials)

- _____ Request for Disability Accommodation Application Packet
- _____ Current Class Schedule
- _____ Assistance Animal Request Form
- _____ Medical Documentation Form
- _____ Roommate/Suitemate Acknowledgement Form
- _____ Annual Proof of Current Vaccinations and Certification of Health (from Veterinarian)
- _____ Annual Assistance Animal Care Plan

Health & Disability Services Recommendation:

- _____ Recommend Allowing Specific Assistance Animal Accommodation
- _____ Do Not Recommend Allowing Specific Assistance Animal Accommodation

Justification if accommodation is not recommended:

Staff Printed Name & Title: _____

Staff Signature: _____ **Date:** _____