



HOUSING ACCOMMODATION/ASSISTANCE ANIMAL LICENSED PROFESSIONAL FORM

Academic Year 2019-2020

Please send completed LEGIBLE form by May 31, 2019

Applicant's Name: _____

Re: Proposed Assistance Animal:

Type of animal and breed: _____

Age of animal: _____

The above-named applicant has indicated that you are the (physician, psychiatrist, mental health clinician) who has suggested that having an assistance animal in the residence hall will be helpful in alleviating one or more of the identified symptoms or effects of the applicant's disability. We will accept documentation from licensed professionals in the State of Massachusetts or the applicant's home state. So that we may better evaluate the request for this accommodation, please answer the following questions:

Section I.

Information about the Applicant's Disability

- 1) What is the nature of the applicant's physical or mental health impairment and how does this impairment substantially limit their ability to perform a major life activity?

- 2) Please identify if the individual is using any measure (e.g., prescriptions, treatment, therapy, etc.) that may mitigate the limitations caused by their impairment and, if so, if the mitigating measure(s) eliminates the substantial limitations.

- 3) On a scale of 1 to 5, with 5 being very significant and 1 being not significant please rank the level of severity of the symptoms/impact of the condition by checking the box under the appropriate number.

1	2	3	4	5

- 4) Does the applicant require ongoing treatment?

- 5) How long have you been working with the applicant regarding this mental health diagnosis?

Section II.**Information about the Proposed Assistance Animal**

- 1) Is this an animal that you specifically prescribed as part of treatment for the applicant, or is it a pet that you believe will have a beneficial effect for the applicant while in residence on campus?

- a) If you did not prescribe this assistance animal who did?

- b) How long has the applicant had this assistance animal?

- 2) Is this assistance animal a preferred method of treatment? Please explain.

- 3) Is this assistance animal a complementary/adjunct method of treatment? Please explain.

4) What symptoms will be reduced by having the assistance animal?

5) If the student lived in campus housing without an assistance animal, please explain how they managed their symptoms?

6) Is this animal necessary to afford the individual with a disability an equal opportunity to reside in a University housing? Please explain.

7) Is there evidence that an assistance animal has helped this applicant in the past or currently?

Section III.**Importance of Assistance Animal to Applicant's Well-Being**

- 1) Please explain how the accommodation is necessary for the applicant to use University housing as compared to a person without a disability?

- 2) Please explain any other accommodation that may be equally effective in allowing the applicant to use and enjoy University housing?

- 3) What consequences, in terms of disability symptomology, may result if the accommodation is not approved?

- 4) Have you discussed the responsibilities associated with properly caring for an animal while engaged in typical college activities and residing in university housing? Do you believe those responsibilities might exacerbate the applicant's symptoms in any way? (If you have not had this conversation with the applicant, we will discuss with the applicant at a later date.)



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 assistance animal in the residence hall can be a real benefit, however the practical limitations of our housing arrangements make it necessary to carefully consider the impact of the request for an assistance animal on both the applicant and the campus community.

Licensed Professional Verification and Contact information:

Name & Title: _____

Address: _____

Telephone: _____

FAX and/or Email address: _____

Professional Signature: _____

License #: _____

Date: _____

Signature is verification that this application was completed by you, the licensed professional.

Please send completed form by May 31, 2019 to:

**Student Accessibility Services
Worcester State University 486 Chandler Street, Worcester, MA 01602-2597
Email: sas@worchester.edu or Fax: 508/929-8214
Phone: 508/929-8733**