



Student Accessibility and Support Services (SASS)

Emotional Support Animal Verification Process

Emotional Support Animals (ESA) are allowed in Residential Life as a reasonable and appropriate accommodation for students with disabilities. ESAs are not pets but are a part of a student's treatment/therapy for their disability. Students requesting ESAs as an accommodation for their disability typically qualify as a student with a disability under the Code of Federal Regulations, Title 24 – Housing and Urban Development (24 CFR 891.505 and 81.305) section 1 and section 3:

(1) Any adult having a physical, mental, or emotional impairment that is expected to be of long-continued and indefinite duration, substantially impedes his or her ability to live independently, and is of a nature that such ability could be improved by more suitable housing conditions.

(3) A person with a chronic mental illness, i.e., if he or she has a severe and persistent mental or emotional impairment that seriously limits his or her ability to live independently, and whose impairment could be improved by more suitable housing conditions.

The process for requesting an assistance/emotional support animal in Residential Life:

1. Make an appointment to meet (or visit by phone) with the Director of Student Accessibility and Support Services (SASS) and self-identify as a student with a disability and complete:
 - a. SASS Registration form (page 2 and 3),
 - b. Disability Definition Acknowledgement Statement (page 4), and the
 - c. SASS ESA Accommodation Request Verification form, Part 1 and Part 2 (page 5).
2. SASS will forward the ESA Accommodation Request Verification to the care provider(s) listed on the form. The care provider will complete Part 3. Verification will only be accepted from a care provider the student has a **therapeutic** relationship with and provides services in Kansas or the student's home state.
3. As soon as SASS receives the Emotional Support Animal Accommodation Request Verification form from the care provider, the Director of SASS will make a determination on the accommodation request and contact you via email.
4. If the accommodation request is approved, you will then schedule an appointment with Residential Life to complete the process.

If you have questions contact the Director of SASS.

Director
Student Accessibility and Support Services
106 Plumb Hall
1 Kellogg Circle
Emporia, KS 66801

620-341-6637
sass@emporia.edu

Emotional Support Animal

Student Registration Form

Name: _____ <small>First Middle Last</small>		
Student ID E#: _____		Date of Birth: _____ <small>MM/DD/YYYY</small>
Preferred Pronouns: <input type="checkbox"/> He, Him, His <input type="checkbox"/> She, Her, Hers <input type="checkbox"/> They, Them, Theirs Other: _____		Ethnicity: <input type="checkbox"/> African American <input type="checkbox"/> Latino/Latina <input type="checkbox"/> Asian American <input type="checkbox"/> Multi-Ethnic/Racial <input type="checkbox"/> Caucasian <input type="checkbox"/> Native American Other: _____
Cell Phone: _____		Current Classification: <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate <input type="checkbox"/> Non-Degree Seeking
ESU Email: _____		
Personal Email: _____		
Program of Study: _____ <input type="checkbox"/> On Campus <input type="checkbox"/> Online		
ESU Advisor: _____		
Are you a veteran? Yes No If yes, what years did you serve: _____		
Operations involved in: _____		
Are you receiving Vocational Rehabilitation Services? Yes No		
Are you receiving any other types of financial support/services due to your disability? Yes No		
If yes, what financial support/services do you receive? _____		
What is your disability? <small>Please be specific as possible.</small>		

Have you received accommodations in an educational setting? Yes No <small>High school, community college, university, etc. If yes, please describe accommodations received.</small>		

How does your disability impact your access and ability to function as a student in an academic setting? <small>Please be as specific as possible.</small>		

What accommodations are you requesting?

Are you requesting any accommodations in Residential Life (on campus housing)?

Yes No

If yes, please describe accommodations you are requesting.

Additional Information/Notes

All students must provide documentation of their disability. Each person and each disability is unique, however, there are general guidelines for documentation that Student Accessibility and Support Services (SASS) utilizes to determine a student's eligibility for service according to:

- Section 504 of the Rehabilitation Act of 1973, as amended; and/or
- the Americans with Disabilities Act Amendment Act (ADAAA) of 2008; and/or
- the Code of Federal Regulations, Title 24 – Housing and Urban Development (24 CFR 891.505 and 891.305).

Disability documentation must be provided by an appropriate professional – physician, therapist, psychologist, etc. General documentation guidelines:

- Specific diagnosis and/or description of the disability;
- Clear statement of the current impact of the disability upon major life activities;
- Clear statement of the impact of the disability in an educational setting; and
- Recommendations for accommodations.

I will provide SASS with documentation of my disability from the appropriate professional.

Initials

Date

Statement of Agreement:

I understand that the staff of Student Accessibility and Support Services (SASS) at Emporia State University will have access to my disability file and access to my academic and other records maintained by ESU. I further understand that in order to meet my accommodations needs, it may be necessary for SASS to contact other university departments and disclose personal information about me. By completing this form, I consent to such disclosure by SASS.

Signed: _____ Date: _____

Printed Name: _____

Emotional Support Animal

Disability Definition Acknowledgement Statement

Emporia State University provides reasonable accommodation in Residential Life for students with disabilities. A student must have a documented disability to request an emotional support animal as a reasonable accommodation. Students typically qualify as a student with a disability under the Code of Federal Regulations, Title 24 – Housing and Urban Development (24 CFR 891.505 and 81.305) section 1 and section 3

The definition of a disability, as defined by the Code of Federal Regulations, Title 24 – Housing and Urban Development (24 CFR 891.505 and 891.305), is:

- (1) Any adult having a physical, mental, or emotional impairment that is expected to be of long-continued and indefinite duration, substantially impedes his or her ability to live independently, and is of a nature that such ability could be improved by more suitable housing conditions.
- (2) A person with a developmental disability, as defined in section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001(5)), i.e., a person with a severe chronic disability that:
 - (i) Is attributable to a mental or physical impairment or combination of mental and physical impairments;
 - (ii) Is manifested before the person attains age twenty-two;
 - (iii) Is likely to continue indefinitely;
 - (iv) Results in substantial functional limitation in three or more of the following areas of major life activity:

(A) Self-care;	(E) Self-direction;
(B) Receptive and expressive language;	(F) Capacity for independent living;
(C) Learning;	(G) Economic self-sufficiency; and
(D) Mobility;	
 - (v) Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.
- (3) A person with a chronic mental illness, i.e., if he or she has a severe and persistent mental or emotional impairment that seriously limits his or her ability to live independently, and whose impairment could be improved by more suitable housing conditions.
- (4) Persons infected with the human acquired immunodeficiency virus (HIV) who are disabled as a result of infection with the HIV are eligible for occupancy in section 202 projects designed for the physically disabled, developmentally disabled, or chronically mentally ill depending upon the nature of the person's disability. A person whose sole impairment is alcoholism or drug addiction (i.e., who does not have a developmental disability, chronic mental illness, or physical disability that is the disabling condition required for eligibility in a particular project) will not be considered to be disabled for the purposes of the section 202 program.

An emotional support animal is an animal whose sole function is to provide emotional support, comfort, therapy, companionship, or to support emotional well-being. Emotional support animals must be prescribed as therapeutic treatment by a care provider who has an established relationship with the student. Emotional support animals are not pets.

I have read and understand the definition of a disability and the definition of an emotional support animal.

Students' Signature: _____ Date: _____

Printed Name: _____ ID#: E _____

Phone Number: _____ Email: _____

EMPORIA STATE UNIVERSITY

Student Accessibility and Support Services
Campus Box 23
1 Kellogg Circle
Emporia, Kansas 66801-5415
620-341-6637
620-341-6640 fax

Emotional Support Animal

Accommodation Request Verification

Part 1 and Part 2 are to be completed by the student and returned to Student Accessibility and Support Services (SASS).
Part 3 will be completed by student's care provider(s).

PART 1	Student's Name: _____ ID#: E _____ <small>Please Print</small>
	Student's Date of Birth: _____
	My disability is _____
	and I am requesting _____ as a reasonable accommodation to lessen the impact of my disability in University housing.
	I authorize ESU Student Accessibility and Support Services to receive information from my care provider in order to verify my disability and determine reasonable accommodations for Residential Life. I also authorize my care provider to discuss my condition, if needed, with appropriate ESU personnel.
	By signing below, I affirm that all personal statements are true and correct. I understand that falsifying or misrepresenting facts or information may result in disciplinary action.
Student's Signature: _____ Date: _____	

Please provide your care provider(s) contact information below. **Please check with your care provider - they may require an additional release of information form for their office/clinic.

PART 2 – Please Print	Primary Care Provider:
	Name: _____
	Clinic: _____
	Address: _____
	City, State, Zip: _____
	Phone: _____ Fax: _____
	Secondary Care Provider (if needed):
	Name: _____
	Clinic: _____
	Address: _____
	City, State, Zip: _____
	Phone: _____ Fax: _____