

EMOTIONAL SUPPORT ANIMAL - DOCUMENTATION

Name: _____ SBUID #: _____

Stony Brook University complies with federal and state disability laws that prohibit discrimination and ensure equal access for qualified persons with disabilities to educational programs, services, housing and activities. The above-named individual has indicated that you are the (physician, psychiatrist, social worker, mental health worker) who has suggested that having an Emotional Support Animal (ESA) in the residence hall will be helpful in alleviating one or more of the identified symptoms or effects of the individual's disability. So that we may better evaluate the request for this accommodation, please answer the following questions:

* * * * *

A person with a disability is defined as someone who has "a physical or mental impairment that substantially limits one or more major life activities." Under this definition, an impairment is a disability if it substantially limits the ability of the person to perform a major life activity as compared to the average person in the general population. The definition also takes into account any mitigating measures, such as medication or other treatment or therapies, the person is employing that may relieve the substantial limitation caused by the impairment. If the mitigating measure(s) eliminates the substantial limitations caused by the impairment, the person does not have a disability.

1. Does the individual have a disability under this definition? _____ Yes _____ No
2. Diagnosis for which the ESA is recommended _____ Medications if any: _____
3. Date of diagnosis: _____ Severity: **Mild** **Moderate** **Severe**
4. What are the individual's Symptoms/ Functional Limitations?

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

6. Please explain how the accommodation is necessary for the individual to use and enjoy University housing as compared to a person without a disability.

7. Please identify any other accommodation that may be equally effective in allowing the individual to use and enjoy University housing.

8. How long have you been working with the individual regarding this diagnosis?

9. Please describe the specific symptoms and the manner in which they are reduced by having the ESA. (Please be as specific as possible)

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

Proposed ESA:

Name: _____ Type and breed of animal: _____ Age of animal: _____

On Campus Address: _____

Thank you for taking the time to complete this form. If we need additional information, we may contact you at a later date. Please provide contact information, sign and date this questionnaire (below)

Contact information:

Address:

Telephone:

FAX and/or Email address:

License #:

Professional Signature: _____ Date: _____



Please Return Completed Form to:

Student Accessibility Support Center, Stony Brook University, Stony Brook Union Suite 107,
Stony Brook, NY 11794

Email: sasc@stonybrook.edu Phone: 631-632-6748 Fax: 631-632-6747

