EMOTIONAL SUPPORT ANIMAL PROCEDURES

Please review this cover letter and the attached documents carefully and submit all requested information as part of your request for an Emotional Support Animal (ESA). Please also read the official ESA policy at: https://www.uwsp.edu/datc/Pages/university-animal-policies.aspx A paper copy of the policy can also be requested.

EMOTIONAL SUPPORT ANIMAL REVIEW

In order to be approved for an Emotional Support Animal, students must demonstrate that residing with an animal is a formal part of their treatment plan for a disability. Your care provider must detail how living with an animal is a critical need for you and verify the therapeutic benefit (beyond what is derived from general pet ownership). They must be able to specify the functional limitations of your condition and explain how residing with an animal has or will mitigate those limitations. Typically, verification is the outcome of a significant psychotherapy relationship with a mental health care professional that includes consideration of many treatment options. Care providers who have not engaged in therapy or regular consultation are often not well-positioned to provide the required level of detail. Certificates or documentation from online animal registries are typically not considered acceptable documentation. The Residential Living Accommodations Committee will consider information from the student and care providers and make an independent determination if an ESA is a reasonable accommodation.

Animals that are generally considered acceptable in a wide variety of dwellings may not be considered safe in a communal living environment where residents interact more frequently in hallways, lounges, kitchenettes, restrooms, and similar common areas. Animals that are known carriers of communicable disease even when healthy, have a high risk of escape, or require equipment or supplies that prove dangerous or disruptive will not be allowed. DATC staff reserve the right to ask for additional animal health or veterinary records if standard vaccination or routine veterinary care is not applicable to the given animal. Animals must be old enough to be vaccinated, be self-feeding, and be housebroken. If approved, students are allowed one animal unless they can demonstrate that additional animals address different functional limitations of their condition(s). Cats and dogs must be licensed annually through the City of Stevens Point.

Students should also read the ESA Agreement carefully to understand their responsibilities (if approved to reside on campus with an animal). Students should consider how the animal’s age, temperament, and life experience will influence its behavior in the unique residence hall environment. Students should also consider their own ability to care for, provide sufficient companionship to, and supervision of an animal. Roommate/suitemates or others are not allowed to provide regular care of an animal. Students leaving for overnight or longer are expected to take their animal with them or make suitable care arrangements off campus. Violation of the terms of the agreement are grounds to remove an ESA. Veterinarian and emergency contact information must be provided. If the student’s emergency contact is not able to arrive in a timely manner to take ownership of the animal UWSP officials will turn the animal over to local police and animal control resources.

An ESA request can take weeks to complete. Students should contact DATC as soon as possible to initiate the request process. Request volume is heaviest during the last few weeks of a semester, and the weeks preceding a new semester. Students moving into University housing are encouraged to complete their ESA request 30 days before move-in. DATC staff cannot guarantee consideration of incomplete requests before pertinent deadlines, such as residence hall application deadlines or move-in days.
INSTRUCTIONS

You are encouraged to consult with a DATC staff member before initiating your request.

1. Return the completed Request Form. Explain how companionship of an animal is a necessary part of treatment for your condition. Your care provider should also review the Request Form and this cover form.
2. Return the completed Verification Form from your care provider. The provider should be someone who can verify the therapeutic benefit/necessity of the animal as part of your treatment for a disability. Certificates or letters from online services or registries are typically not sufficient.
3. Return the completed Release of Information form.
4. Sign and return the ESA Agreement (with emergency contact and veterinarian contact)
5. Provide copies of animal records:
   a. Up-to-date rabies, distemper, and parvovirus vaccination records (if applicable), and/or any other requested animal health records
   b. Valid municipal license for dogs and cats
   c. Color picture of animal

If submitting forms via email, please send documents as PDF attachments (do not email picture images of completed documents). After receiving a completed Request Form and Verification Form, DATC will forward the request to the Residential Living Accommodation Committee for review at one of its semi-monthly meetings. DATC will inform the student of the decision via UWSP email.

If a student is denied and provides additional clarifying documentation that information will be forwarded to the committee for review. The Director of the Disability and Assistive Technology Center is the appeal authority for ESA decisions made by the RLAC. Please see DATC Grievance and Appeal Procedures: https://www.uwsp.edu/datc/Documents/Grievance%20Procedure%20for%20Students%20with%20a%20Disability.pdf

APPROVAL PROCESS

1. DATC will consult with Residential Living staff (and student’s roommate if applicable) to determine placement in a residence hall. Please note that approval of an ESA does not require approval of a single room as an accommodation.
2. After placement is confirmed, DATC will inform the student of a date after which the student can bring the animal to the residence hall.

Please direct questions and documents to:

UWSP Disability and Assistive Technology Center
609 Albertson Hall
900 Reserve Street
Stevens Point, WI 54481
Phone: (715) 346-3365
Fax: (715) 346-4143
Email: datc@uwsp.edu
EMOTIONAL SUPPORT ANIMAL REQUEST FORM

The University of Wisconsin Stevens Point ("UWSP" or the "University") recognizes the importance of providing reasonable accommodation in its housing policies and practices. A reasonable accommodation is an exception to the rules or policies that a resident with a disability may need in order to have equal opportunity to use and enjoy University housing. If you are seeking an Emotional Support Animal (ESA) as a housing accommodation, please complete this Request Form and submit the attached Verification Form. Please provide the following information:

Student/Resident (print): __________________________ ID#_________________________

Address__________________________________________________________

Telephone________________________________________________________

Animal Info (print):

Name __________________________ Breed________________________ Color_______________________

Height________________________ Weight________________________ Age_____________________________

Please identify your disability and explain how living with the animal is a critical part of managing your condition (add additional pages if necessary):

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Please also provide verification from a professional (e.g. counselor/therapist, similar care provider) with whom you have a treatment history that an Emotional Support Animal is a therapeutic benefit to you, and is therefore necessary to provide you equal access to University housing. Please identify the person that can provide verification below, request that he/she review this Request Form, and ask them to complete the attached Verification Form. Your signature serves as written consent for your provider to provide information pertaining to your condition. The UWSP Counseling Center will not provide ESA verification. Letters or certificates from online organizations or registry services are typically not accepted as third-party verification.

Name: _____________________________________________________Title____________________________________

Agency/Organization/Clinic: ___________________________________________________________________________

Address:___________________________________________________________________________________________

Telephone: ________________________________________________________________________________________

Signature of Student/Resident: ________________________________________________Date:____________________

This signature authorizes the verifier to provide only the information necessary to verify whether the individual making the request has a disability and/or to evaluate if the reasonable accommodation is necessary to provide the individual an equal opportunity to use and enjoy University housing.
EMOTIONAL SUPPORT ANIMAL VERIFICATION FORM
(To be completed by a care provider)

Introduction

A patient/client of yours is requesting to live in University housing with an Emotional Support Animal (ESA) as an accommodation. The Fair Housing Act applies to post-secondary institutions, who must consider requests for ESAs due to a documented disability. A disability is defined as a condition that substantially limits one or more major life activities. To be approved for an ESA, students must document the therapeutic benefit of residing with an animal and demonstrate it is a critical measure to ensure the student’s equitable access to university housing.

Please review this form and provide pertinent information about this student’s condition and need to reside with an ESA. The strongest ESA requests clearly describe how the presence of the animal or nature of the animal relationship mitigates the condition’s symptoms and/or functional impairments. Any missing or incomplete information could result in the request being delayed or denied.

Student Name: ___________________________________________ Date of Birth: _______________________
(Please type or print neatly. Use a separate paper if needed)

1. DSM-IV-R or DSM-V Diagnosis/diagnoses (if applicable):

2. In addition to any DSM criteria, what other information did you collect to arrive at your diagnosis?

   □ Behavioral observations
   □ Developmental history
   □ Rating scales
   □ Medical history
   □ Structured or unstructured clinical interview with the student
   □ Interviews with others (parents, teachers, spouse or significant others)
   □ Neuropsychological or psycho educational testing Date(s) of testing: ___________________________
   □ Other (Please specify) _______________________

Continued on Next Page
3. Symptom Assessment: Please rate frequency/duration and severity (using “x”) of the symptoms as related to the disability.

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Frequency/Duration 0-4 scale:</th>
<th>Severity</th>
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<tbody>
<tr>
<td></td>
<td>0=never, 1=rarely, 2=intermittent</td>
<td>Unknown N/A</td>
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<tr>
<td>Compulsive Behaviors</td>
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<td>Delusions</td>
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<td>Depressed Mood</td>
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<td>Disordered Eating</td>
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<td>Fatigue/Loss of Energy</td>
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<td>Hallucinations</td>
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<td>Impulsive Behaviors</td>
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<tr>
<td>Mania</td>
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<tr>
<td>Obsessive Thoughts</td>
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<td>Panic Attacks</td>
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<td>Phobia (specify _______)</td>
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<td>Physiological Symptoms:</td>
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<td>Dizziness</td>
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<td>Fainting</td>
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<tr>
<td>Racing Heart</td>
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<td>Migraines/Headaches</td>
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<td>Nausea</td>
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<td>Chest Pain</td>
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<td>Other _________</td>
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<tr>
<td>Racing thoughts</td>
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<tr>
<td>Self-Injurious Behavior</td>
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<td>Suicidal Ideation</td>
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<td>Suicide Attempts</td>
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<td>Unable to Leave the House</td>
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<tr>
<td>Other:</td>
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</table>

Continued on Next Page
Functional Impact Assessment: Please rate the frequency and severity (using “x”) to the best of your knowledge. For comparison purposes, please use same age peers in a postsecondary setting.

<table>
<thead>
<tr>
<th>Functional Limitations</th>
<th>Frequency 0-4 scale: 0=never, 1=rarely, 2=intermittent 3=daily/frequent, 4=chronic</th>
<th>Severity</th>
<th>Unknown</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
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<tbody>
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<td>Initiating Activities</td>
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<td>Caring for Oneself</td>
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<td>Speaking</td>
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<td>Listening</td>
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<td>Working</td>
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<td>Interacting with Others</td>
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<td>Sleeping</td>
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<td>Sustained Reading</td>
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<td>Sustained Writing</td>
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<td>Other:</td>
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4. Please provide a written statement (on clinic letterhead) that addresses the following elements:
   - A summary of the patient’s treatment history or therapy relationship, including dates of first contact and most recent contact.
   - How living with an animal has been necessary to mitigate any of the symptoms or limitations detailed above. If this is a new recommendation or intervention, please explain how it is likely to mitigate symptoms or limitations.
   - Any other relevant treatment strategies, therapy interventions, or medications that have been attempted or are being utilized.
   - Any other recommendations or suggestions regarding potential accommodations

Professional’s Signature: ___________________________ License #: ___________________________
Print or type name and title: __________________________________________________________________
Clinic or Medical Facility: ___________________________________________________________________
Address: __________________________________________________________________________________
Phone: ________________ Date: ________________

Please address questions regarding documentation, and send this documentation to:
UWSP Disability & Assistive Technology Center  Phone: 715-346-3365
900 Reserve Street / 609 Albertson Hall  Fax: 715-346-4143
Stevens Point, WI 54481  Email: datc@uwsp.edu
Emotional Support Animal (ESA) Agreement

Student/Resident/Owner Responsibilities

1. Ensure the animal is wearing an identification tag, if applicable, with resident/owner contact name and phone number at all times.
2. Ensure adequate supervision and care of animal. Roommate(s)/suitmate(s) or other persons should not be providing any supervision or care, including outdoor natural relief or outdoor exercise. The owner is responsible for appropriate containment (e.g. crate, case, carrier) in their individual bedroom while they are separated from the animal. No one other than the animal’s owner can provide overnight or longer supervision or care of the animal while on campus. Animals that are disruptive due to isolation will be considered in violation of the agreement.
3. ESAs are not allowed in other university facilities, including dining areas, classroom buildings, the library, university center, gym/exercise facility, or other buildings on campus.
4. Within the residence hall or suite, resident must keep animal in their assigned living space (room, suite) other than during exit from and entry into building for natural relief or outdoor activity, leaving/returning from overnight or longer departures, or other activities. ESAs are not allowed in other resident’s individually assigned spaces or community areas (e.g. lounges, labs, studios, meetings rooms, kitchenettes).
5. When in transit outside of the individually assigned living space the animal should (1) have appropriate identification with resident name and telephone number if applicable, (2) be leashed, harnessed, or in an appropriate carrier, (3) use hallways/passageways, and (4) not be in community areas. Any distracting, disruptive, or threatening interactions between the animal and other people (or animals) will be considered a violation of the control elements of the agreement.
6. Leash or contain animals (if applicable) while outdoors on University or public grounds in order to comply with state and local ordinances (see UWS 18.08 of the Wisconsin Administrative Code and Chapter 14 of the Stevens Point Code of Ordinances). For off-leash dog exercise, Stevens Point maintains a local dog park and Portage County maintains a dog exercise area at Standing Rocks County Park in Amherst.
7. Ensure all animal health needs are attended to. Animals must be feeding independently of their mother. Owner is responsible for feeding, watering, hygiene, and grooming. Roommate(s)/suitmate(s) and university personnel are not responsible for animal health.
8. Maintain rabies, distemper, and parvovirus vaccinations and provide updated health records to DATC.
9. Use applicable preventative medicines for internal, intestinal, and external parasites and provide updated health records to DATC.
10. Do not use residence hall baths, showers, sinks, or facilities to bathe or wash animal.
11. If fleas, ticks, or other pests are found in the living area the University will treat such pests using an approved fumigation method and a university-approved pest control service. The owner will be billed for the expense of any pest treatment above and beyond normal required pest management.
12. Ensure the cleanliness of the assigned living space. Bowls and litter boxes should be placed on mats to minimize soiling of carpet. Food containers should be closed and secured. The University reserves the right to levy charges to the owner for cleaning, repair, and restoration due to animal damage and/or uncleanliness.
13. If applicable, animal has to be successfully trained for outdoor natural relief/toileting (i.e. housebroken). Owner must use agreed-upon areas for outdoor relief.
14. Ensure the immediate clean up and disposal of animal waste. Resident is responsible for putting animal waste (dog feces, cat litter) in a securely tied plastic bag before depositing in outside trash dumpster. If the animal unexpectedly vomits or becomes incontinent, the owner is responsible for immediate clean-up. The University reserves the right to determine if clean-up is sufficient and levy charges for any clean-up it deems necessary.
15. Meet all required municipal license requirements and submit current documentation to DATC.
16. If the animal is no longer needed or is no longer in residence the owner must inform DATC in writing. The DATC reserves the right to initiate a new approval process if the student wishes to return an animal later on.

17. Emergency services personnel will determine whether to retrieve or evacuate the animal and are not responsible for care of, injury to, or loss of the animal.

18. Respond to in-person, written, and phone contact from University personnel and cooperate with University personnel regarding the animal and meeting the provisions of this agreement.

19. Abide by all other equally applicable residential policies and procedures assuring that animal’s presence does not interfere with other individual residents or the activities of the residence hall.

20. Make prior arrangements for an off-campus emergency contact to take custody of the animal. University officials will utilize local animal control for any temporary care.

21. Public Health Emergency- If on-campus isolation/quarantine restrictions prevent student from carrying out these responsibilities, please indicate how you intend to proceed:
   ___ Emergency contact will be summoned to retrieve animal while student isolates/quarantines on campus or locally
   ___ Student will return to their permanent residence/home to remain with animal

22. Provide contact information for Veterinarian and Emergency Handler and authorize the release and exchange of information between University personnel (including Residential Living) and them.

   Veterinarian ____________________________  Emergency Contact ____________________________
   Street Address ____________________________  Street Address ____________________________
   City ____________________________  City ____________________________
   Telephone ____________________________  Telephone ____________________________

**University Responsibilities**

1. The DATC will notify all appropriate campus partners of the use of an Emotional Support Animal. These campus partners may include, but are not limited to, Residential Living, the Dean of Students Office, Risk Management, and University Police and Security Services.

2. Upon request, the University will provide appropriate outdoor toileting/relief areas and exercise areas.

**Liability and Insurance**

The owner shall be responsible for all liability and claims related to the animal and all insurance requirements related to the animal. UWSP, UW System, and the State of Wisconsin provide no indemnification to the animal, owner/resident, or alternate handlers. UWSP, UW System, and the State of Wisconsin provide no personal property insurance coverage. This means that the owner/handler of the animal is financially responsible for any damages or losses to the animal itself, or judgments or settlements against the owner related to the animal.

**Removal of Animal**

The University may require the individual to remove the animal from housing if:

1. The animal poses a direct threat to the health or safety of others or causes substantial property damage to the property of others;
2. The animal’s presence results in a fundamental alteration of a University program;
3. The Owner does not or cannot comply with the Owner’s responsibilities set forth above;
4. The animal or its presence creates an unmanageable disturbance or interference with the University community.

The University will base such determinations upon the consideration of the behavior of the particular animal at issue, and not on speculation or fear about the harm or damages an animal may cause. A permanent removal of the animal from campus may be appealed through the formal Grievance Procedure for a Student with a Disability. The Owner will be afforded all rights of due process and appeal as outlined in the procedure:


**Signature**

The student/resident agrees to abide by this agreement, has received and reviewed the Emotional Support Animal Policy, and agrees to abide by any related policies (including housing policies), and any federal, state, and local laws.

Student ____________________________  Date ____________________________

8/2020 ESA Agreement
Release of Information Consent Form

I give permission to Disability and Assistive Technology Center (DATC) to disclose information related to my reasonable accommodation request to Residential Living staff and the Residential Living Accommodations Committee, including the information provided on my ESA Request Form and/or ESA Verification Form.

I furthermore give permission to DATC to disclose to others (e.g., Residence Life staff, potential and/or actual roommate(s) or neighbor(s), Dean of Students office, Risk Management, and University Police & Security) as they deem necessary that I will be living with an animal as an accommodation, if approved. I understand that this information will be shared with the intent of preparing for the presence of the animal and/or resolving any potential concerns associated with the presence of the animal.

I further recognize that the presence of the animal may be noticed by others visiting or residing in university housing and I agree that staff may acknowledge the presence of the animal, and explain that under certain circumstances animals are permitted for persons with disabilities.

Signature_________________________________________ Date______________