



NOTE: ESAs may not be brought to the residence hall until official approval has been given from the Office of Student Life and Housing. Please submit all necessary information with enough lead time to allow the office to fully consider your request.

USF Emotional Support Animal (ESA) Policy

An ESA provides passive support that partially alleviates the impact of a disability. An ESA is prescribed to an individual with a disability by a healthcare or mental health professional. Unlike a Service Animal, an ESA does not assist a person with a disability with activities of daily living or accompany that person at all times.

ESA's may be considered in conjunction with access to a University housing bedroom, but they are not permitted in other areas of the University (e.g. library, academic buildings, classrooms, dining areas, labs, work areas, student centers, University Hall of Residence common spaces etc.).

Additional information can be found in the Service and Assistance Animals section within the University of Sioux Falls Student Handbook

Please initial indicating understanding of and compliance with USF's policy _____

REQUEST FOR INFORMATION Re: Emotional Support Animal for the University of Sioux Falls

(The health care provider must use this specific form but can use additional pages if needed. All the information requested here is necessary for the institution to have in order to consider the request for an ESA.)

Student's Name: _____ Student ID: _____

Student's Email: _____ Student's Contact Phone #: _____

On-Campus Housing (circle one): Burgess Collier-Baker Grand Island Kroske North Sullivan

The above-named student has indicated that you are the health care provider who has suggested that having an ESA in the residence hall will have therapeutic benefit in alleviating one or more of the identified symptoms or effects of the student's mental health disability. Generally, we prefer documentation from providers in and licensed by South Dakota or the student's home state who have personal knowledge of the student, consistent with their professional obligations.

So that we may better evaluate the request for this accommodation, please answer the following questions:

Information About the Student's Disability

Federal law defines a person with a disability as someone who has a physical or mental impairment that **substantially limits** one or more major life activities. That suggests that a diagnosis (label) does not necessarily equate with a disability (substantial limitation). What is the nature of the student's mental health impairment (that is, how is the student **substantially limited?**)

Documentation of the student's need for an ESA must come from a source with sufficient direct personal knowledge of the individual to clarify the need for the ESA and the nexus between the disability and the presence of the animal in housing. What is the nature of your meetings with the student (i.e., face-to-face meetings or virtual interaction)?

What specific symptoms is this student experiencing, and how will those symptoms be mitigated by the presence of the ESA? General assessments are typically insufficient. For example, a statement that "The animal alleviates anxiety" is too general and does not explain HOW the animal may alleviate the symptoms of this student's disability.

Is there evidence that an ESA has helped this student in the past or currently? If not, why do you believe this may be an effective support for the student now?

Dogs and cats are most often requested as ESAs. If another type of animal is being suggested for this student, please explain why you believe that animal is a better choice.

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 student's symptoms in any way? (If you have not had this conversation with the student, we will discuss with the student at a later date.)

Yes ___ No ___

Thank you for taking the time to complete this form. If we need additional information, we may contact you at a later date. The named student has signed this form (below) indicating written permission to share additional information with us in support of the request

We recognize that having an ESA in the residence hall can be a real benefit for someone with a significant mental health disorder, but the practical limitations of our housing arrangements make it necessary to carefully consider the impact of the request for an ESA on both the student and the USF campus community.

Please provide contact information, sign and date this questionnaire (below), and return it to

University of Sioux Falls Student Life and Housing

1101 W 22nd St

Sioux Falls, South Dakota, 57105

Andrew.Porteous@usioxford.edu

Contact information:

Address:

Telephone:

FAX and/or Email address:

Professional Signature: _____

Type of License: _____ License #: _____

Date: _____

STUDENT (please sign this form before providing it to your mental health provider to complete):
By signing below, I consent to allowing my health care provider to share any information relevant to my need for an ESA as an accommodation, as shown on this form

Signature

Date

Information About the Proposed ESA

(**Note:** there are some restrictions on the kind of animal that can be approved for the residence hall; it is possible the student may be approved for an ESA, based on the information you provide here, but may not be allowed to bring the specific animal named.)

Re: Proposed ESA- Animal Information (if identified):

Name: _____ Gender: _____

Type of animal: _____ Age of animal: _____ Weight (lbs): _____

Size of the cage/crate needed for containment: _____

Physical description of animal (including extent to which animal sheds and is potty-trained):

For your full consideration please attach the following documentation to this request:

1. A copy of the requested animal's **vaccination records** (if applicable) -- rabies vaccination required
2. A **current photograph** of the requested animal

3. A copy of your **current license** (for dogs or any other animals required to be licensed in Sioux Falls or South Dakota)
4. **Letter from your roommate and suitemates** (or anticipated roommates and suitemates) indicating knowledge of the animal you are requesting to bring and their willingness to share a space with that animal.

Informed consent for release of information: *This release shall remain effective for the duration of the applicant's residency in USF campus housing or request for termination.*

I, _____, authorize the University of Sioux Falls Student Life and Housing to disclose to others that may be impacted by the presence of an animal [e.g., University staff, potential and/or actual roommate(s)/neighbor(s)] that I will be living with an animal as an accommodation. I understand that this information will be shared with the intent of preparing for the presence of the Assistance Animal and/or resolving any potential issues associated with the presence of the animal. Furthermore, I understand that all other information, including personally identifiable information, regarding my request will be protected and kept private in accordance with University policy, except as otherwise required by law.