

**CENTRAL TEXAS COLLEGE: Disability Support Services (DSS)**

**Emotional Support Animal (ESA) Form**

\*Under the Fair Housing Act, a housing provider may request reliable documentation of the disability itself and the disability-related need for the ESA.

**Student:** By signing below, you are consenting to allow your treating mental health care provider to share any information relevant to your disability and your need for the ESA as an accommodation for campus housing with personnel from the DSS Office.

**Student's Name:** \_\_\_\_\_

**Student's CTC Student ID #:** \_\_\_\_\_

**Student's Signature & Date:** \_\_\_\_\_

**Name of ESA:** \_\_\_\_\_

**Type of Animal/Description:** \_\_\_\_\_

**Age of Animal:** \_\_\_\_\_

\* Please note that there are some restrictions on the kind of animal that can be approved for the residence hall. Student is responsible for reading all ESA policies on CTC's website and providing CTC with appropriate vaccination record/verification of good health of the ESA from a veterinarian as outlined on CTC's website.

**Provider:** Only providers who have an established therapeutic treatment history with the student should complete this form.

The student has indicated that you are the mental health care provider who has been treating the student's mental health condition and suggests having an ESA as an accommodation in campus residence hall will have therapeutic benefits in alleviating one or more of the identified symptoms/ effects of the student's mental health disability. To evaluate the student's accommodation request for the ESA, we ask that you as the student's treating mental health care provider please provide the following information.

**PLEASE PRINT INFORMATION BELOW** – forms that are illegible will not be accepted by CTC.

1. Date of first contact with the student regarding mental health diagnosis: \_\_\_\_\_
2. Date of last contact with the student regarding mental health diagnosis: \_\_\_\_\_
3. Does the student require ongoing mental health care treatment? \_\_\_\_\_
4. 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). How is the student substantially limited? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Is the animal one that you specifically prescribed as an ESA as part of the treatment for the student that you believe will have a beneficial effect for the student while in the residence hall on campus? Is there evidence that an ESA has helped this student in the past or currently? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. What specific symptoms will be reduced by having an ESA in campus housing, and how will those symptoms be mitigated by the presence of the ESA? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Mental Health Care Provider** – By signing below, you are confirming that you are the qualified healthcare provider who is providing the information above and has an established therapeutic relationship with the student.

**Name:** \_\_\_\_\_

**Type of License & License #:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Signature & Date:** \_\_\_\_\_

The student has signed this form (above) indicating written permission to share additional information with us in support of the student's ESA accommodation request. If you have any questions, feel free to contact our office at 254-526-1195. Thank you.