



## VERIFICATION FORM FOR HOUSING ACCOMMODATION EMOTIONAL SUPPORT ANIMAL

The University of Wisconsin-Green Bay ("UW-Green Bay" or the "University") provides reasonable accommodations to students with disabilities who have a verifiable need for the reasonable accommodation. A reasonable accommodation is an exception to the usual rules, policies, practices, or services that a resident with a disability may need to have an equal opportunity to use and enjoy University housing. The enclosed Reasonable Accommodation Request Form authorizes you to provide the information requested on this form.

**PLEASE REVIEW THE ENCLOSED REASONABLE ACCOMMODATION REQUEST FORM THAT EXPLAINS THE STUDENT'S REQUEST FOR REASONABLE ACCOMMODATION AND THEN ANSWER THE FOLLOWING QUESTIONS (answers must be complete and legible):**

*The Fair Housing Act defines disability as 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 limitations caused by the impairment. **If the mitigating measure(s) eliminates the substantial limitations caused by the impairment, the person does not have a disability.***

**NAME:** \_\_\_\_\_ **Student ID:** \_\_\_\_\_

1. Does the resident have a disability under this definition? \_\_\_\_\_ Yes \_\_\_\_\_ No

2. Initial date of treatment plan: \_\_\_\_\_ 3. Date student was last seen: \_\_\_\_\_

4. DSM-5 Diagnosis: \_\_\_\_\_

5. How many times did you treat this resident for this condition within the last year? \_\_\_\_\_

6. Please identify the resident's impairment(s) and describe how each impairment substantially limits their ability to perform a major life activity as compared to most people in the general population.

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7. Please identify if the resident 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.

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

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9. Please explain the resident's history with the specific Emotional Support Animal (ESA) being requested, and the evidence of therapeutic benefit to substantial limitations achieved by living with the ESA.

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10. Please identify other accommodations that may be equally effective in allowing the resident to use and enjoy University housing.

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*All requests for Emotional Support Animals in Housing and Residential Life are subject to an annual review. Documentation will be needed each year to continue to evaluate that the need for an emotional support animal continues to be part of the student's treatment plan.*

### **Provider Information**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name and Title: \_\_\_\_\_

License or Certification #: \_\_\_\_\_

Office Address (street, city, state and ZIP code):

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

Office phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_

#### **Return to:**

UW-Green Bay  
Student Accessibility Services, SS 1700  
2420 Nicolet Drive Green Bay, WI 54311

Phone: 920-465-2841  
Fax: 920-465-2191  
Email: [sas@uwgb.edu](mailto:sas@uwgb.edu)