



WESTMONT

REQUEST FOR INFORMATION Re: Emotional Support Animal

*Note: The mental health care provider need not use this specific form, but **all** the information requested here is necessary for the institution to have in order to consider the request for an ESA; the form is provided as a convenience. Letters purchased from the internet for a set price rarely provide the information necessary to support an ESA request.*

For the Student: Please complete this portion of the form before providing it to your mental health provider to complete.

Name (please print): _____ **Date of birth:** _____

By signing below, I consent to allowing my mental health care provider to share any information relevant to my need for an ESA as an accommodation, as shown on this form, with (personnel from the ODS office) for the next 60 days.

Student Signature _____ Date _____

Proposed ESA:

Name: _____

Type of animal: _____ Age of animal: _____

For the Provider:

The above-named student has indicated that you are the health care provider who has suggested that having an Emotional Support Animal (ESA) in the residence hall at Westmont College will have therapeutic benefit in alleviating one or more of the identified symptoms or effects of the student's mental health disability.

We accept documentation from providers in the State of California (please refer to California Assembly Bill No. 468 Emotional support animals found at https://leginfo.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB468) 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).

1. What is the nature of the student's mental health impairment (that is, how is the student **substantially limited**?)

2. Does the student require ongoing treatment?

3. When did you first meet with the student regarding this mental health diagnosis?

4. When did you last interact with the student regarding this mental health diagnosis?

Information About the Proposed ESA

(Please note that 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.)

5. Is the animal named here one that you specifically prescribed as part of treatment for the student, or is it a pet that you believe will have a beneficial effect for the student while in residence on campus?

Importance of ESA to Student's Well-Being

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

7. Is there evidence that an ESA has helped this student in the past or currently?

8. This student was provided with a copy of the rules and restrictions surrounding the presence of an animal in residence in Westmont housing. Has the student shared those restrictions with you? ____ Yes ____ No

9. 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.)

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 campus community.

Please provide contact information, sign and date this questionnaire, and return it to *Westmont College/Office of Disability Services 955 La Paz Rd, Santa Barbara, California 93108, Fax: 805-565-7244, email: ODS@westmont.edu.*

Contact information:

Address:

Telephone:

FAX and/or Email address:

Provider Signature: _____ **Date:** _____

Provider Name Printed _____

Type of License: _____ **License #:** _____