



DIVISION OF
STUDENT AFFAIRS
ACCESSIBILITY AND DISABILITY SERVICE

Accessibility & Disability Service
4281 Chapel Lane
College Park, MD 20742-811
(301) 314-7682 |
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UMD Emotional Support Animal (ESA) Housing Accommodation Request Form

This form must be completed to request a housing accommodation for an emotional support animal while living in a residence hall at the University of Maryland, College Park. The Accessibility and Disability Service (ADS) works in collaboration with Resident Life staff to ensure reasonable and appropriate accommodations for residents. Under both the Fair Housing Act and Section 504 of the Rehabilitation act of 1973, persons with disabilities may request reasonable accommodation for any Assistance Animal, including an ESA.

The student named below has applied for an ESA while living in a residence hall. In order to determine eligibility and to provide any requested services, documentation of the student's disability will be helpful.

This information is needed to ensure that the student receives the reasonable accommodation necessary to allow them to fully benefit from living in the housing unit. The professional/provider completing this form must be thoroughly familiar with the student's physical or psychological condition(s) and resulting functional limitations, restrictions, or considerations. A diagnosis in and of itself does not automatically qualify an individual for accommodations. The documentation must also support the request for accommodations. All information and documents provided to ADS will be kept confidential and shared only with relevant staff as permitted by pertinent regulations. This information will have no bearing on a student's general eligibility for housing.

Student Name

Student Date of Birth (MM/DD/YY)

Student UID Number

Student Phone Number

Student Email



Important Information

Assistance Animals: According to the U.S. Department of Housing and Urban Development (HUD), an Assistance Animal **is not a pet**. It is an animal that works, provides assistance, or performs tasks for the benefit of a person with a disability; or provides emotional support that alleviates one or more identified symptoms or effects of a person's disability. Under both the Fair Housing Act and Section 504 of the Rehabilitation act of 1973, persons with disabilities may request reasonable accommodation for any Assistance Animal, including an emotional support animal.

Pet: A "pet" is an animal kept for ordinary use and companionship. A pet is not considered an Assistance Animal, and therefore, it is not covered by these guidelines and related policies. Residents are not permitted to keep pets on university property or in university housing (with the exception of fish in an aquarium up to 10 gallons).

The purpose of this form is to request an ESA, NOT a Service Animal. ***What is the difference?***

- **Service Animals are defined as dogs that are individually trained to do work or perform tasks for people with disabilities.** These tasks can include pulling a wheelchair, guiding a person who is visually impaired, or alerting a person who is having a seizure. The tasks that a Service Animal can perform are not limited to this list. However, the work or task a Service Animal performs must be directly related to the person's disability. Service Animals may accompany persons with disabilities into places that the public normally frequents.
- An ESA is an animal (typically a dog or cat, though this can include other types of animals) that provides a therapeutic benefit to its owner through companionship. The animal provides emotional support and comfort to individuals with psychiatric and psychological disabilities. The animal is **not** specifically trained to perform tasks for a person who has a mental health disability.



Request Process Information

Please follow these steps to request an ESA:

1. A qualified third-party (e.g. psychiatrist, psychologist, or clinical licensed social worker) who is providing treatment to the student should complete this form. Only the information requested on this form should be provided, and it must be from a professional provider who is personally treating the student.
2. All students requesting an ESA should complete an ADS Registration Application online.
3. The student should upload this completed form into their ADS Registration Application.
4. If the request is deemed appropriate by ADS, the student will also need to meet with housing staff to review guidelines related to animal control and behavior, animal health and well-being, animal cleanliness and building sanitation requirements, the student's overall responsibilities in maintaining the animal in the unit and prepare for discussions with other students who live in the same unit.

The information completed on this form will be reviewed to determine:

1. That the student is a person with a documented disability;
2. The ESA being requested is necessary to afford the student, as a person with a disability, an equal opportunity to use and enjoy the on-campus housing facilities; and
3. That there is an identifiable relationship between the disability and the support that the ESA provides.

The University reserves the right to enter into unit reassignment discussions with students related to the placement of an ESA in a housing unit.

A student who is approved to have an ESA in University housing will be required to acknowledge the ESA Owner's Responsibilities. These responsibilities will be reviewed with the student by Resident Life.



History of Working with the Student

1. How long have you been treating this student?
2. What are the functional limitations that impact the student's activities of daily living?
3. Does this student require on-going treatment for management of the functional limitations and symptomatology?
4. What is the role of the ESA in the overall treatment plan, and what are the benefits of an ESA to the student's well-being?
5. Are there alternative interventions that could be equally effective?
6. What other treatments and interventions have been implemented in the past to address the student's functional limitations? Were these interventions successful?



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Provider Credentials

Name of Provider (please print):

Provider Signature:

License Number:

Address:

Phone number:

Email:

Date form completed: