Documentation Form for Assistance Animal (Emotional Support)

*Please use additional paper as needed

to be completed by the studen	completed by the stude	nt
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Name:		Date:
	escribe why you feel that, due to your disabi ave equal opportunity to use and enjoy your	ility, an assistance animal is required in order to RIT residence.
2. Do	o you currently possess this animal?	
	YES	NO
	If YES – What type of animal is it?	If NO – How will you determine if/how your future animal will actually provide the support you require?
not emp	ployed by RIT or NTID: this individual a "person with a disability" ad	d licensed mental health professional who is ecording to the following definition? estantially limits one or more major life activities."
	YES	NO
	If YES – Have you personally diagnosed this a disability as defined in Appendix B of this defi	
	YES NO	uns om
	Please indicate this individual's specific diagr	nosis/diagnoses:
	When was the last time you met with and eva	

2		individual's diagnosed disabi ity to use and enjoy their RIT		-
3.	Has this individual YES	made use of an assistance ar	nimal in the past?	
4.	Has this individual	made use of other treatment	s?	
	YES If YES – Please and their effect	describe the treatments iveness:	NO If NO – Please	indicate why not:
5.	-	t this individual specifically re stance animal in order to hav e?	- ·	
		escribe the relationship between the ons of this individual and the use of this		NO If NO – There is no need to continue further with this form
	If you are recor please provide	nmending the use of more than rationale:	one animal	

to have their assistance animal in their RIT residence?
Name:
Signature:
Professional Title:
License Number:
Address:
Phone Number:

6. In your opinion, how would this individual's functioning be affected if they were not permitted

Appendix A — Definition of an Individual with a Disability

For the purpose of determining whether civil rights protections apply, a person is an "individual with a disability" if he or she has, or has a record of having, or is regarded as having, a physical or mental impairment which substantially limits one or more of his or her life activities.

A "physical impairment" is any physiological disorder or condition, loss, disease or disfigurement which affects one or more body systems. This includes, but is not limited to such contagious and noncontagious diseases and conditions as orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional illness, specific learning disabilities, HIV disease (whether symptomatic or asymptomatic), tuberculosis, drug addiction, and alcoholism.

A "mental impairment" is any mental or psychological disorder such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

A physical or mental impairment "substantially limits" a person in one or more "major life activities" if it causes substantial difficulty in a person's ability to: care for one's self, perform manual tasks, walk, see, hear, speak, breathe, learn, and/or work.

Appendix B — The Fair Housing Act

The Fair Housing Act (FHAct), as well as Section 504 and the ADA, have regulations that prohibit discrimination because of disability. The FHAct states it is necessary to afford a person with a disability an equal opportunity to use and enjoy a dwelling and/or the common areas of a dwelling, or to allow a qualified individual with a disability to participate in, or benefit from, any housing program or activity. The individual requesting the accommodation of use of an assistance animal must:

- have a disability i.e., a physical or mental impairment which substantially limits one or more of his or her life activities;
- require the animal in order to have an equal opportunity to use and enjoy/participate in campus housing; and
- verify a relationship between their disability and the assistance the animal provides i.e., the animal provides emotional support that alleviates one or more of the identified symptoms or effects of the person's existing disability.

For more information see: portal.hud.gov/hudportal/documents/huddoc?id=servanimals ntcfheo2013-01.pdf

