



## **Documentation for Housing Accommodations**

### Emotional Support Animals

All Bethany College students requesting disability-related accommodations in relation to housing and meals must register with the Office of the Section 504 Coordinator and provide up-to-date, appropriate, and objective documentation that clearly meets the definition of “disability” as provided in the Americans with Disabilities Act of 1990, Section 504 of the Rehabilitation Act of 1973, and/or any other applicable federal or state law. Determinations on reasonable accommodations will be based on the documentation submitted to the Office of the Section 504 Coordinator at the time of the student’s application and meeting with the Office.

To be approved for an accommodation to have an Emotional Support Animal at Bethany College, you must complete the following:

1. **Register** with the Section 504 Coordinator’s Office by submitting a Housing and Transportation Accommodation Application, which can be found on Bethany College’s Accessibility Services website.
2. **Submit a completed Licensed Professional Questionnaire** with a licensed professional who is credentialed in the area related to the diagnosed condition for which the accommodation is being requested. Documentation provided must not be more than one year old.
3. **Submit a Veterinarian Questionnaire.** Documentation provided must not be more than one year old.
4. **Meet with the Section 504 Coordinator or their designee.**

If a Housing Accommodation is authorized, the Section 504 Coordinator will notify the Office of Residence Life who will then work with the student to find a reasonable and appropriate housing arrangement.

The following documentation in itself is not sufficient to authorize a housing accommodation, but may be provided to assist in determination of reasonable academic accommodations.

- Individualized Education Plan (IEP)
- 504 Plan
- Psychological Test results

Please submit all documentation to the Section 504 Coordinator.



Bethany College

Submit this form and all other documentation to the Section 504 Coordinator: **Khali M. Carpenter** [kcarpenter@bethanywv.edu](mailto:kcarpenter@bethanywv.edu) Fax: (304) 829-7788

Licensed Professional Questionnaire – ESA Updated July 2022

To be completed by the student:

Student Name: \_\_\_\_\_

I request that the following information from my licensed professional be used as documentation of my request for a housing accommodation. I understand that this documentation will be reviewed by Bethany College’s Section 504 Coordinator. By signing below, I verify that the information provided below has been submitted by my treating licensed professional and is accurate to the best of my knowledge.

By signing below, I understand that if my accommodation request is authorized by the Section 504 Coordinator, the Coordinator will then notify the office of Residence Life. Housing placement is determined by Residence Life and is contingent upon availability. Specific rooms, halls, or roommates may not considered accommodations.

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

To be completed by the Licensed Professional:

The student has been informed and agrees that the Emotional Support Animal Request process requires a Licensed Professional to document the necessity of the accommodation. This documentation must show that there is an identifiable relationship between the disability and the assistance the Emotional Support Animal provides/will provide and is not in a dual relationship with the student. This request for documentation is in compliance with the Fair Housing Act.

Provider: \_\_\_\_\_ Title: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

License Number/State Licensed In: \_\_\_\_\_

Office Name: \_\_\_\_\_

**Please answer the following questions. Feel free to attach additional pages if necessary.**

1. Please provide the condition(s), including definitive diagnosis, expected duration of the condition, and the general basis/criteria for your diagnosis.

2. What is the date of the original diagnosis and last evaluation?

3. Is the student currently under your care?  Yes  No

a. If so, for how long as the student been under your care?

4. What are the substantial limitations or functional limitations of the diagnosed condition that impact campus living?

5. Is there an identifiable nexus between the student's identified disability and the assistance the animal could provide?  Yes  No

a. If yes, please explain.

6. Do you support the student's request for an ESA in campus housing?  Yes  No

7. Have you and the student discussed the responsibilities associated with properly caring for this particular ESA 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?

8. Do you believe that the recommended animal serves a role in mitigating the impacts of the disability in ways that go beyond the benefits that the typical individual receives from a pet? Please explain.

9. ESA Information:

a. Type of Animal? (Choose One)  Dog  Cat  Other: \_\_\_\_\_

b. Age of Animal (if known): \_\_\_\_\_

c. Name of Animal (if known): \_\_\_\_\_

**\*\*Approval/Denial is NOT solely based on answers provided on this form.**

Licensed Professional Signature: \_\_\_\_\_

Licensed Professional's Printed Name: \_\_\_\_\_

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