DISABILITY AND ACCESS

THE UNIVERSITY OF TEXAS AT AUSTIN

100 West Dean Keeton St. A4100 · Austin, TX 78712-1093
disability.utexas.edu · (512) 471-6259 · FAX (512) 475-7730 · VP (512) 410-6644

Disability and Access
Verification Form for Students
Requesting Emotional Support Animals

This form is intended to assist in meeting our documentation requirements for students requesting to bring an emotional support animal to live in campus housing. However, if not thoroughly completed, it may not be sufficient as the sole form of documentation provided. Please refer to the "Guidelines for Documenting Requests for Emotional Support Animals" for comprehensive documentation requirements and additional information. To ensure the provision of reasonable and appropriate accommodations, students requesting services must provide current documentation of the disability. The age of acceptable documentation is dependent upon the condition and the nature of the student's request for accommodations. Documentation that reflects the *current* impact on the student's functioning should be submitted. Present symptoms that meet the criteria for the diagnosis must be noted. To standardize our gathering of information, we ask that you complete the following questions, even if the material has already been included in your evaluation. If the space provided is not adequate, please attach a separate sheet of paper. *The provider completing this form cannot be a relative of the student.* All information will be kept confidential. Please feel free to contact D&A at (512) 471-6259 with questions.

The information below is to be completed and signed by the student.

I request and authorize The University of Texas at Austin University Health Services (UHS), Counseling & Mental Health Center (CMHC), Disability and Access and/or my off-campus provider (name)_____ to release, fax, mail or discuss with each other information related to my request for housing accommodations

_____

Student Name EID

_____

Student Signature Date

Email Address: _____ Phone Number: _____

If the information above is left blank or is incomplete it may delay or prevent D&A from contacting the student to verify receipt of the documentation and provide next steps for completing the registration process.

The information below is to be completed and signed by the Provider.

1. Please list all DSM-5 or ICD Diagnoses (<u>name and at least one code</u>):

Diagnoses:

1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
	DSM-5 diagnosis name(s)	DSM-5 code(s)	ICD-10 code(s)

a. Approximate onset of diagnosis

- ☐ Child-approximate age:_____
- ☐ Adolescent-approximate age:_____
- ☐ Adult-approximate age:_____
- ☐ Unknown

b. Date of initial contact with student: _____/_____/_____

c. Date of your last office visit with student: _____/_____/_____

d. Date of your next office visit with student: _____/_____/_____

e. Approximate number of sessions with student: _____

2. Disability Determination

a. How did you arrive at this diagnosis? Please check all relevant items below, adding brief notes that you think might be helpful to us as we determine eligibility for accommodations.

- ☐ Structured or unstructured interviews with student.
- ☐ Interviews with other persons (i.e. parent, partner, therapist).
- ☐ Completed forms/checklists/screeners.
- ☐ Behavioral observations.
- ☐ Other (Please specify):

_____

b. Describe the symptoms related to the student's condition that cause significant impairment in a major life activity:

_____

_____

_____

c. Current treatment being received by student:
   - ☐ Individual/Group therapy:
     Frequency: _____
   - ☐ Medication management:
     Current medications: _____
   - ☐ Physical / Occupational therapy
     Frequency: _____
   - ☐ Other (please describe):
     _____

d. Severity of symptoms:
   - ☐ Mild
   - ☐ Moderate
   - ☐ Severe

e. Prognosis of disorder:
   - ☐ Good
   - ☐ Fair
   - ☐ Poor

3. Emotional Support Animal Assessment

a. Type of emotional support animal being recommended: _____

b. Please indicate the following:
   - ☐ Student has an existing relationship with an animal.
   - ☐ Student was recommended an emotional support animal but does not yet have one.
   - ☐ Other: _____

c. Provide specific examples of how the emotional support animal functions as treatment or ameliorates symptoms of the student's disability (e.g., explain how the animal reduces anxiety, prevents or shortens episodes, improves sleep, etc.)

_____

_____

_____

_____

d. How were disability-related benefits determined? Please check all that apply.
   - ☐ Direct observation of student with animal present
   - ☐ Direct observation of student without animal present
   - ☐ Student self-report information
   - ☐ Interview information from others (parent, partner, therapist)
   - ☐ Other: _____

Thank you for your help in providing this information. This form should be signed and returned via fax, mail or email to the D&A office at the address shown at the end of this document.

All documentation submitted to D&A is considered confidential

Provider Information

I certify, by my signature below, that I conducted or formally supervised and co-signed the diagnostic assessment of the student named above.

Signature: _____ Date: _____

Print Name and Title: _____

_____

State of License: _____ License Number: _____

Address _____

_____

Street or P.O. Box City State Zip

Phone:_____ Fax:_____

Please return this form to:

The University of Texas at Austin
Division of Student Affairs
Disability and Access
100 W. Dean Keeton St. Stop A4100
Austin, TX 78712-1093
Phone: (512) 471-6259
Email: access@austin.utexas.edu
Fax: (512) 475-7730
VP (512) 410-6644

Attach Provider Business Card Here