

VERIFICATION OF NEED FOR EMOTIONAL SUPPORT ANIMAL FOR HOUSING

Student Name _____ Birthdate: _____

I am requesting a housing accommodation through the Student Disability Services (SDS) at UCSF. They require current documentation of my disabling condition as one of the criteria used to evaluate my eligibility for disability related accommodations or services. Please respond to the following questions as soon as possible and return to me or send to SDS by email. I authorize the Student Disability Services at UCSF to contact you if clarification is needed.

Student Signature _____ Date _____

Mental Health Provider name (print) _____

Title _____

Phone _____ Fax _____

Organization & address _____

The area below must be completed by the Health Care Professional listed above

1. What are the client’s current functional limitations?

LIMITATIONS	LEVEL OF SEVERITY				
	Mild		Moderate		Severe
_____	1	2	3	4	5
_____	1	2	3	4	5
_____	1	2	3	4	5
_____	1	2	3	4	5

2. In your professional and objective opinion, is an emotional support animal a necessary course of treatment or intervention for this individual? If yes, please indicate reasoning:

3. Do the practices of animal behavior or Human Animal Interventions (HAIC) fall within your area of professional competency?

4. Have you observed your client with his/her emotional support animal?
a. If so, please characterize these interactions:
5. In your professional and objective opinion, are there any other recommendations that would similarly alleviate these functional limitations?
6. Is the individual currently in ongoing treatment with you? YES / NO
- a. If so,
- i. When did the therapeutic relationship begin:
- ii. How many times have you met with this client:
- b. Is this client in treatment with you for anything other than provision of an emotional support animal verification?

Signature of Treatment Provider _____

License # _____ **Date** _____

Thank you for your cooperation. You may email your report to SDS at StudentDisability@ucsf.edu. Please call (415) 476-6595 if you require additional information. Please attach any additional reports or relevant information. *All information on this form will remain private in accordance with the Family Educational Rights and Privacy Act (FERPA).*