



Emotional Support Animal Provider Request for Health Information Form

Redlands Community College provides reasonable accommodations to employees and students with disabilities who have a verifiable need for the reasonable accommodation. A reasonable accommodation is an exception to the usual rules, policies, practices, or services that an employee/student with a disability may need to have an equal opportunity to use campus facilities and/or housing. The Request for Accommodation Form authorizes you to provide the information requested on this form.

Student/Employee Information (Circle Appropriate Status)

Name: _____

Home Address: _____

Contact Number: _____

College Email: _____

The student/employee listed above has indicated you as their established provider (physician, psychiatrist, social worker, mental health worker, etc.), and that you believe this individual having an Emotional Support Animal (ESA) with them at the college will help to alleviate one or more of the identified symptoms or effects of their disability. **ADAAA defines disability as a physical or mental impairment that substantially limits one or more major life activities.** Under this definition, an impairment is considered a disability if: 1) it substantially limits the ability of the person to perform a major life activity as compared to the average person in the general population, and 2) generally lasts more than 6 months.

We will accept documentation from providers in the State of Oklahoma or the individual's state of permanent residence.

For us to better evaluate the request for this accommodation, please be sure to address **the severity of the disability and how it limits major life activities.** Also, include how having the animal would be helpful for this individual. **Please complete this form with detailed information as it is necessary to assist us in the decision-making process for the ESA request.**



Disability Information

What is the nature of the individual's mental health disability? Please include a **DSM-V diagnosis** (specific disability) AND pertinent background information related to the disability.

Specifically, how is this individual **substantially limited** by this disability such that an ESA would be **necessary** for this individual to live in college housing, or workspace?

Does this individual require ongoing treatment for this diagnosis? If so, how is that treatment being provided?

When did you first meet with this individual regarding this diagnosis, and how long have you been actively treating this individual? Have you met with this individual more than one time regarding this diagnosis?

What symptoms will be reduced by having the ESA? Please explain.



Is there evidence that an ESA has helped this individual in the past or currently? If so, please explain.

Information About the Proposed Emotional Support Animal (ESA)

Emotional Support Animal (ESA) Information

Species:	Breed:
ESA Name:	Age of Animal:

Gender of the animal: (Choose one)

- ☐ Male, Intact
- ☐ Female, Intact
- ☐ Male, Neutered
- ☐ Female, Spayed
- ☐ Unknown

Recommended Animal: (Choose one)

- ☐ This is a specific individual animal explicitly prescribed as part of treatment for the individual.
- ☐ The animal is a pet that you believe will be beneficial to the individual while living in college housing, or working in a college workspace.
- ☐ The recommendation is for an ESA, but the specific animal breed/species has not been selected at this time.
- ☐ Other, please be specific:

Importance of ESA to Individual's Well-Being

How critical is the presence of an ESA for this individual's well-being while being present at Redlands Community College in various capacities (student housing and/or employment)? What potential impacts on disability symptoms might arise if this accommodation is not granted?



Have you discussed the responsibilities associated with properly caring for an animal while being engaged in whichever situation applies (i.e. workspace setting or a campus housing setting)? Do you believe those responsibilities might exacerbate the individual's symptoms in any way?

Thank you for taking the time to complete this form. If the Disability Coordinator requires additional information, the College may contact you at a later date. The College recognizes that having an ESA with person can be a real benefit for someone with a significant mental health disorder. It is necessary to carefully consider the impact of the request for an ESA on both the individual and the campus community.

Provider Information

Provider Name: _____

Agency of Provider: _____

Provider Address: _____

Contact Number: _____

Fax and/or Email: _____

License #: _____

Date: _____

Signature: _____

By signing this document, you verify that the person named as the Provider above completed the information provided.

Please return form directly to the appropriate coordinator:

If the individual is a Student, send to:

Redlands Community College Attention: Kacey Daniels 1300 South Country Club Road El Reno, OK 73036-5304	Phone: (405) 422-1203 Email: Kacey.Daniels@redlandsc.edu
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If the individual is an Employee, send to:

Redlands Community College Attention: Kim Andrade 1300 South Country Club Road El Reno, OK 73036-5304	Phone: (405) 422-1267 Email: andradek@redlandsc.edu
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