

Documentation Guidelines for Emotional Support Animals

An Emotional Support Animal (ESA) is an animal (1) that alleviates one or more identified symptoms or effects of a person's disability; (2) that is necessary because of an individual's disability to afford the individual an equal opportunity to use and enjoy University housing; and (3) whose presence in university housing is reasonable. An ESA is not a service animal under this regulation or the Americans with Disabilities Act (ADA).

ESAs may also be referred to as "Comfort Animals." Please note a student's ESA will not be allowed in any other areas on campus except for the student's living area in the residence hall.

Psychological disabilities are conditions involving psychological, emotional, cognitive or behavioral disorders and symptoms. Qualified professionals should provide documentation for the psychological or medical necessity of a patient or client having an ESA as a part of their ongoing medical treatment plan. Qualified professionals should also be able to diagnose and determine psychiatric disabilities according to the American Psychiatric Association's (APA) Diagnostic and Statistical Manual, Version 5 (DSM-5).

Qualified professionals who can provide ESA documentation may include the following licensed providers: psychologists or neuropsychologists; psychiatrists or neuropsychiatrists; psychiatric nurse practitioners; professional counselors; mental health counselors; clinical social workers or other relevantly trained medical doctors.

Documentation of the need for an ESA should include a signed letter on professional letterhead from the qualified professional as described above. The provider should be familiar with the professional literature concerning the assistive and therapeutic benefits of Emotional Support Animals for people with disabilities. The letter should include the following items:

1. Qualified professional's printed name, title, license or certification credentials, area of specialization, phone or fax number, address, signature and date(s) of treatment.
2. A clear statement of the individual's diagnosis according to the American Psychiatric Association's Diagnostic and Statistical Manual, Version 5 (DSM-5), with a description of diagnostic tests, assessment methods and criteria used.
3. A description of the expected progression or stability of the impact of the condition for up to one year from the date of the letter.
4. A clear description of the current impact, functional limitations and current symptoms of the disability or psychological condition. An explanation should also be given of how the impact of the condition affects the student in the university academic setting.
5. The following statement: I am the licensed physician, psychiatrist, psychologist, therapist, counselor, or other qualified mental health professional, for (student's first name and last name), who has made a professional determination that having an ESA in the student's residence hall on the campus of WSSU will be medically necessary for continued ongoing treatment. An ESA for (student's name) will be needed to alleviate one or more of the identified symptoms or effects of the student's disability.
6. A description of how the student's ESA specifically alleviates psychiatric or psychological symptoms and how the ESA supports the student specifically in the residence hall setting within the university environment. Letters that provide general information on the "beneficial nature" of having an ESA will not be considered.
7. Name, age and type of animal.
8. A statement to explain the student's capability of ensuring the health and well-being of an ESA while still properly taking care of their own psychological and physical health needs within the context of being a university student.
9. Any additional rationale or statement the University may reasonably need to understand the basis for the professional opinion.