

**Coahoma Community College's
Housing Accommodation – Emotional Support Animal Request Form**

Coahoma Community College provides reasonable accommodations to students with disabilities who have a verifiable need for accommodation. A reasonable accommodation may include an exception to the usual rules, policies, practices, or services that a resident with a disability may need for the full benefit or enjoyment of College housing. One such accommodation may be allowing the student's emotional support animal to reside in the residence of the student. The full Emotional Support Animal policy can be found at www.coahomacc.edu.

Complete details of the process for requesting an accommodation can be found at www.coahomacc.edu. The student's care provider must provide all information requested in the attached packet.

- The provider should be a licensed psychiatrist, social worker or other licensed mental health professional and must have an ongoing therapeutic or treatment relationship with the student. The provider may not be related to the student.
- The attached packet is to be completed in its entirety by the Provider whose credentials must appear at the end of the document.
- Generally, we accept documentation from providers in the State of Mississippi or the student's home state who have personal knowledge of the student, consistent with their professional obligations. Letters purchased from the internet for a set price rarely provide the information necessary to support an ESA request.

The College recognizes that having an ESA in the residence hall can be beneficial for individuals with a significant mental health disorder. The College will carefully consider the practical limitations of our housing arrangements as well as the impact of the requested ESA on both the student and the College community to determine whether an ESA would be a reasonable accommodation. Students will be notified via campus email as to the committee's decision within 30 days of this form being submitted.

To be completed by the student

Student Name: _____ Student ID#: _____

Email Address: _____ Cell Phone#: _____

I am (please check one): a current CCC student an incoming new or transfer student

Name of proposed animal: _____ Type of animal: _____

Age of animal: _____

Semester/Year for which I am requesting accommodations to begin _____

I request that information from my mental health professional be used in support of my request for a housing accommodation/emotional support animal. I understand that this documentation may be reviewed by and discussed with members of the Housing Assignments Committee as appropriate and protecting confidentiality to the extent possible.

Furthermore, I give my consent for any member of the Director of Student Engagement and Services to contact my mental health professional for additional information as needed.

Student Signature: _____ Date: _____

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The Federal Trade Commission (FTC) has been asked to investigate websites that purport to provide documentation from a health care provider in support of requests for an ESA. The websites in question offer for sale documentation that is not reliable for purposes of determining whether an individual has a disability or disability-related need for an ESA because the website operators and health care professionals who consult with them lack the personal knowledge that is necessary to make such determinations.

Student's Name: _____

The above-named student has indicated that you are the health care provider who has suggested that having an Emotional Support Animal (ESA) in the residence hall will have therapeutic benefit in alleviating one or more of the identified symptoms or effects of the student's mental health disability, therefore allowing the student the full benefit of on-campus housing. This form is specifically for the request of an **Emotional Support Animal**, so any other recommended housing accommodations will need to be indicated on our Housing Accommodation request form separately.

So that we may better evaluate the request for this accommodation, please answer the following questions, being sure to address **the impact of the student's limitation on one or more** major life activities in detail.

Information about the Student's Disability

Federal law defines a person with a disability as someone who has a physical or mental impairment that substantially limits one or more major life activities. That suggests that a diagnosis (label) does not necessarily equate with a disability (substantial limitation).

Is the student's condition as they currently experience it classified as a disability?
(Please circle) Yes No Unsure

What is the nature of the student's mental health impairment (that is, how is the student **substantially limited**)?

Does the student require ongoing treatment?

When did you first meet with the student regarding this mental health diagnosis?

When did you last interact with the student regarding this mental health diagnosis?

Information About the Proposed ESA (Please note that there are some restrictions on the kind of animal that can be approved for the residence hall; it is possible the student may be approved for an ESA, based on the information you provide here, but may not be allowed to bring the specific animal named.)

Is the animal named here one that you specifically prescribed as part of treatment for the student, or is it a pet that you believe will have a beneficial effect for the student while in residence on campus?

What specific symptoms will be reduced by having an ESA, and how will those symptoms be mitigated by the presence of the ESA? Please explain in detail the connection between the animal and the symptom reduction and how this would allow the student to have full participation in College housing.

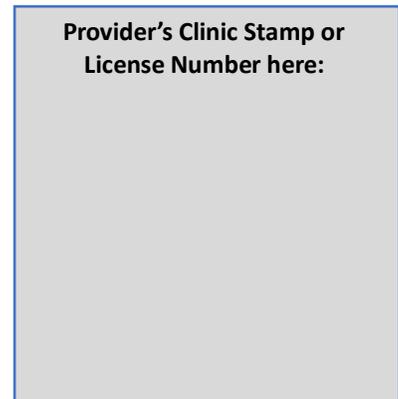
Is there evidence that an ESA has helped this student in the past or currently?

Thank you for taking the time to complete this form. If we need additional information, we may contact you at a later date. The named student has signed this packet on page one, indicating written permission to share additional information with us in support of the request.

Provider Information:

(Note: the name of the individual provider, provider’s practice, and the physical address of the practice must be provided) By signing this document, you verify that the person named as the Provider above completed the information provided.

Print Name: _____
Title: _____
Credentials or Certification: _____
Practice/Business Name: _____
Street Address: _____
City, State, Zip: _____
Phone: _____
Date: _____
Signature: _____



This form can be scanned and emailed to kwdone@coahomacc.edu.

The form can also be mailed to: Coahoma Community College, Division of Student Engagement and Services 3240 Friars Point Rd. Clarksdale, MS 38614 (662-621-4155)

For office use only: Date received: _____

Decision & date: _____

Notification Date: _____