

DIVISION of STUDENT AFFAIRS

Assistance Animal Housing Accommodation Application¹

For the purpose of accommodations at Union College, an Assistance Animal is an animal that is recommended by a healthcare or a mental health professional to provide emotional support to a person with a disability who has a disability-related need for such support. There must be a relationship, or nexus, between the individual's disability and the assistance the animal provides. Unlike a service animal, an Assistance Animal may not accompany a person with a disability beyond the residential setting (e.g., to academic buildings, libraries, or dining halls).

With advanced approval, Union College will permit Assistance Animals (sometimes referred to as "emotional support animals" or "ESAs") in on-campus housing as a reasonable accommodation to eligible students with documented needs. The determination of whether an Assistance Animal will be permitted in College housing is made on a case-by-case basis through an interactive process involving the individual requesting the accommodation and relevant campus personnel. For an Assistance Animal to be considered a reasonable accommodation in College housing, there must be a current verification of need from an appropriate licensed healthcare professional provided to Student Accessibility Services. Requests for animals not commonly kept as pets will require a demonstration of a disability-related therapeutic need for the specific animal or the specific type of animal.

NOTE: Assistance Animals are **NOT** permitted to reside in campus residences **unless and until** the requesting student has received approval and fulfilled all requirements, as noted below.

A student who wishes to have an Assistance Animal reside at Union College must:

- Submit this fully completed Assistance Animal Housing Accommodation Application and any other supporting documentation to Student Accessibility Services at sas@union.edu. Section 1 must be completed in full by the student. Section 2 of the form must be completed in full, with official stamp, by a licensed professional who is currently treating the student and is qualified to address the student's needs.
- A primary care provider is acceptable in some circumstances; however, a treating specialist is highly preferred. The licensed provider may not be a relative or close friend of the student or the student's family. Additional documentation may not be submitted in lieu of a fully completed form.

¹ This process relates to requests to have an **Assistance Animal** reside on campus. It does not pertain to service animals. The Americans with Disabilities Act (ADA) defines a "service animal" as any dog individually trained to do work or perform tasks for the benefit of an individual with a disability. A student in need of a service dog on campus is asked to contact the Director of Student Accessibility Services, Laura Galt, at sas@union.edu, to discuss their needs and to ensure that appropriate offices are notified, such as the Office of Residential Education & Housing, Academics, and Campus Safety. While the College reserves the right to inquire that an animal used in campus facilities, or any Union College housing facilities, is a service animal that falls under the protections of federal and state laws, students with service animals are not required to fill out an application. We do, however, strongly encourage you to let us know of your intention to have a service animal on campus.

- Once the completed request is received by Student Accessibility Services and reviewed by the Special Housing Committee, the College reserves the right to request additional information, if needed, including meeting with the student and/or asking for further written documentation or asking to speak with the licensed provider who is primarily responsible for treating the student.
- Students should submit this application by the same relevant deadline as for Special Housing Accommodation Requests, as stated on [our webpage](#).
- The Special Housing Committee will review completed Assistance Animal Housing Accommodation applications, and students will be notified via email from Student Accessibility Services of the decision. Please note that it may take up to four weeks from the time of submission for timely applications to be reviewed and decisions issued.
- **Approval from the Special Housing Committee for an Assistance Animal is conditional until the student meets with a staff member from the Office of Residential Education & Housing to review and sign the Union College Assistance Support Animal Agreement. Failure to comply and meet with residential staff within the required timeframe will result in the conditional approval of the Assistance Animal being revoked.**
- As with a service animal, a student is responsible for the control, care, and supervision of his/her Assistance Animal at all times; the College may exclude an Assistance Animal if a student fails to fulfill this responsibility.

Student Accessibility Services Office

Phone: (518) 388-8785 | Fax: (518) 388-6444 | Email: sas@union.edu

Section 1: To be completed by Student

(Note: Students with service animals are not required to fill out this application.)

Last Name: _____ First Name: _____

Student ID#: _____ Cell Phone: _____ Class Year: _____

Email Address: _____

Home Address: _____

Current Housing Assignment, if any: _____

Animal Name: _____ Animal Species: _____

Animal Breed, Coloring, Description: _____

1. What barriers does your disability/condition present for you that you believe will be mitigated if you are approved to have an Assistance Animal live with you on campus? Please explain.
 - a. Please identify any equipment or access needs that may accompany your request.
2. What is your residential living history? Please include prior Union residential assignments as well as residential history before you came to Union.
3. What previous experiences have you had that suggest that having an Assistance Animal is necessary for the Union environment?
4. What alternative resources could you utilize to meet your needs if your request for an Assistance Animal is denied?
5. Is there any other information you would like the Special Housing Committee to consider when reviewing your application?

I have read this form thoroughly and agree to the process described in this form.

Student Signature: _____ **Date:** _____
**** Requests will not be processed without a student signature.****

Section 2: To be completed by Physician/Medical or Psychological Provider

The questions below must be completed in full by a licensed provider who is currently treating the student. A treating specialist is highly preferred. The licensed provider may not be a relative or close friend of the student or the student's family. Do not skip any questions.

- 1) What is your diagnosis for the student? Include a clear diagnosis of the disorder(s) based on DSM 5 or ICD-10 criteria, including subtype if applicable, and diagnostic code.

- 2) List the student's symptoms, including a list of the DSM 5 or ICD-10 diagnostic criteria as the basis for the diagnosis.

- 3) What is the date of the diagnosis(es) and length of treatment?

- 4) What major life activit(ies) is/are substantially limited by the student's condition? Please provide details regarding the chronicity, duration, and severity of these limitations.

- 5) How will having an Assistance Animal in residence address the limitations described above? Which specific symptoms will be reduced by having the Assistance Animal? Please describe the nexus between the animal and the symptom reduction.

6) What potential adverse effects could result if the request for an Assistance Animal were denied?

7) How will the student manage their symptom(s) in other campus settings, such as classrooms or dining halls, where Assistance Animals are not permitted?

8) Have you discussed the responsibilities associated with properly caring for an animal while engaged in typical college activities and residing on campus? Do you believe those additional responsibilities might exacerbate the student's symptoms in any way?

** Additional documentation may be submitted with this form but may not be submitted in lieu of a fully completed form.

☐ **I affirm that I am a licensed provider currently treating the above student and that I am qualified to address the student's needs. I am not a relative or close friend of the student.**

Provider Signature: _____ Date: _____

Print Name: _____

Medical Specialty/Area of Practice: _____

State, License No.: _____

Official stamp: _____

****Requests will not be processed without provider signature and official stamp.****