Guidelines and Request Form for an Emotional Support Animal (ESA) in On-Campus Housing

Student Guidelines and Attestation

In compliance with Section 504 of the Rehabilitation Act and the Americans with Disabilities Act, the University of North Carolina at Charlotte provides reasonable housing accommodations to students with disabilities. Because the provision for emotional support animals is addressed by the Federal Fair Housing Act, the Office of Disability Services (DS) has established procedures for documenting the need for an emotional support animal in on-campus housing.

An Emotional Support Animal (ESA) is an animal prescribed to an individual with a disability by a healthcare or mental health professional to play a significant part in that person's treatment process, (e.g., in alleviating the symptoms of that individual's disability). Generally, documentation acquired from websites or health care professionals who have had no contact with the student except for limited encounters that were specifically intended to produce an ESA letter are not considered to be reliable. An emotional support animal does not assist a person with a disability with activities of daily living, and does not accompany a person with a disability at all times.

Disability Services Process

1. All students must follow general procedures to request on-campus housing, including relevant applications, through the Department of Housing and Residence Life.

2. Students must submit a completed Request Form for an Emotional Support Animal (ESA) in On-Campus Housing (pages 4-7 of this form) to Disability Services for review. Requests should be submitted by May 1st for the fall semester and November 1st for the spring semester. Requests for ESA accommodations received after the deadline will be considered on the basis of available space.

3. Requests are reviewed by DS staff on an individualized basis, taking into account the student's documentation, the necessity of the requested accommodation, and the reasonableness of the requested accommodation.

4. Review is a multi-step process, and because impact on others in the residential unit must be considered, timeliness of the request is important. Requests received less than eight (8) weeks from the last day of the final exam period for the current semester will not be addressed that semester. However, those requests can be considered for the following semester, provided documentation remains appropriate.

5. Once a decision is made, DS staff will notify the student by email. If approved, the student must meet with DS staff and sign the ESA Student Agreement. DS staff will then notify appropriate personnel in Housing and Residence Life (HRL) regarding approval of the ESA request. Only after the student completes the HRL animal agreement may they bring their ESA to campus.
Emotional Support Animal (ESA)

Student Guidelines and Acknowledgement, continued

REVIEW CAREFULLY: Requirements for Emotional Support Animal in Communal Housing
A campus residence hall is communal housing, with shared spaces such as bathrooms, hallways, living rooms, and ventilation systems. Students who request to have emotional support animals in on-campus housing agree to the following:

1. The ESA must be an animal commonly kept in households and appropriate for living in communal housing. Examples of a common household animal include a dog, cat, small bird, rabbit, hamster, gerbil, other rodent, fish, turtle, or other small, domesticated animal traditionally kept in the home for pleasure. Generally, and per HUD guidance, reptiles (other than turtles) are not considered common household animals.
2. Our practice is generally to consider only one (1) animal per student.
3. Animals must be vaccinated in accordance with Mecklenburg County regulations. Students must provide proof of current rabies vaccination to DS at the time of their ESA meeting with DS staff. Students are responsible for ensuring that the animal’s vaccination status remains current and for maintaining those records.
4. Animal must be housebroken.
5. Dogs must be leash-trained; all animals must be under the control of student handler.
6. Animal must be contained in the owner’s residence when student handler is not present, e.g. crate-trained. ESAs are not permitted in any University facilities other than the University housing to which the owner is assigned.
7. The owner must ensure the ESA is well cared for at all times. Any evidence of mistreatment, abuse, neglect, or leaving the ESA unattended overnight or for unreasonably long periods of time may result in the immediate removal of the ESA and/or discipline for the owner.
8. An ESA is only allowed to reside on campus for as long as its owner has a disability-related need for it. If the animal is no longer necessary or no longer on campus, the owner must inform the university as soon as reasonably possible.
9. The owner must abide by current city, county, and state ordinances, laws, and/or regulations pertaining to the animal, including any applicable licensing requirement. It is the individual’s responsibility to know and understand these ordinances, laws, and regulations.
10. The owner must clean up and properly dispose of the animal’s waste in a safe and sanitary manner.
11. The owner must provide written consent for DS and/or Housing and Residence Life to disclose information regarding the request for and presence of the ESA to those individuals who may be impacted by the presence of the animal.

Factors when Determining if the Presence of the ESA is Reasonable:
Decisions are made on a case-by-case basis. In addition to the documentation provided, the University may consider the following factors, among others, in determining whether the presence of the animal is reasonable or in the making of the housing assignment:

1. Whether the assigned housing space can accommodate the animal, given its size and the size of its crate;
2. Whether the animal’s presence would negatively impact another student’s experience living on campus or force another student to change housing (e.g., if another student is allergic to the ESA);
3. Whether the animal’s presence would violate other individuals’ right to peace and quiet enjoyment of the residence;

Office of Disability Services Emotional Support Animal Guidelines & Request Form  rev. 08/2022
4. Whether the animal is housebroken and able to live with others in a clean and reasonable manner;
5. Whether the animal’s presence imposes an undue financial and/or administrative burden on the university;
6. Whether the animal poses or has posed a direct threat to the individual or others, including whether the animal has injured or engaged in aggressive behavior towards others; and
7. Whether the animal causes or has caused excessive damage to housing beyond reasonable wear and tear.

Housing and Residence Life will consider the effect on others in the residential housing unit. Depending on such considerations, an alternative housing assignment, based on availability, may be considered.

**In Case of Emergency**
Students requesting to have an Emotional Support Animal in on-campus housing must have a plan for the care of their animal in the event of an emergency. Be prepared to provide Housing and Residence Life staff with an emergency contact who can retrieve your ESA within twelve hours in the event that you are unable to care for the animal. However, University personnel are under no obligation to provide care or food for the animal, or to remove it in the event of an emergency.

**Removal of the Emotional Support Animal**
- The University may require the individual to remove the animal from University housing if:
  - The animal poses a direct threat to the health or safety of others or causes substantial property damage to the property of others;
  - The animal’s presence results in a fundamental alteration of a University program;
  - The owner does not adhere to the requirements of the ESA Guidelines; or
  - The animal or its presence creates an unmanageable disturbance or interference with the University community.

The University will base such individualized determinations upon consideration of the behavior of the particular animal and resident on a case-by-case basis, and in consultation with appropriate campus partners, including the Department of Housing and Residence Life. The University will not base this decision on speculation or fear about the harm or damages the animal may cause.

Should the ESA be removed from the premises for any reason, the owner is expected for fulfill their housing obligations for the remainder of the housing contract.

**Deadlines**
- In order to address housing in a timely manner, the completed Request Form should be submitted to Disability Services by May 1st for the fall semester and November 1st for the spring semester. Requests for ESA accommodations received after these deadlines will be considered on the basis of available space.
- Requests received less than eight (8) weeks from the last day of the final exam period for the current semester will not be addressed that semester. However, those requests can be considered for the following semester, provided documentation remains appropriate.
Request Form for an Emotional Support Animal (ESA) in On-Campus Housing

To Be Completed by the Student:
Student Name: _________________________________________________________________
Student ID: _________________________________________________________________
UNCC Email: __________________________ Phone: _________________________________
Requesting ESA for which semester/year: ________________________________

Details Regarding the Specific ESA Animal Requested:
1. Animal Type (dog, cat, etc.): __________________________________________________
2. Animal’s Name: ____________________________________________________________
3. Animal’s Size (weight): _____________________________________________________
4. Crate/cage size (including dimensions): _______________________________________
5. Has this animal ever injured another person or animal? _________________________
6. Has this animal ever caused property damage? ________________________________

Student Impact Statement:
1. In your own words, describe how the diagnosed condition impacts your day-to-day activities.
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

2. In your own words, tell us about how your ESA animal helps you with the symptoms of your disability:
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
Student Section, continued:

3. What type of provider completed this form and how long have you been seeing this provider?

________________________________________________________________________________

Student Consent to Release Information/Medical Provider

Disability Services staff may contact my medical provider to verify the medical information submitted for my request, and an exchange of information may need to take place. I give my permission for such communication when necessary with my medical provider named herein:

Print Provider’s Name  Provider’s phone number

I authorize the Office of Disability Services to receive information regarding my disability relative to my ESA housing request from my medical provider.

____________________________________  ______________________________________
Student Signature  Date

To Be Completed by the Treating Health Care Provider:

1. Student Name: ___________________________________________________________

2. Date of Birth: ___________________________________________________________

3. Diagnosis: ______________________________________________________________

4. Date of initial diagnosis: _________________________________________________

5. Date of most recent office visit: ___________________________________________

6. Is disability/diagnosis temporary?  ☐ Yes  ☐ No

7. If temporary, please indicate anticipated date of recovery: ______________________

8. How long have you been working with the student regarding this mental health diagnosis?

_________________________________________________________________________

9. Number of visits you have had with the student dedicated to this specific diagnosis:

_________________________________________________________________________

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10. Describe the current impact and functional limitations resulting from the disability.

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

11. Describe how the ESA animal will mitigate these functional limitations:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

12. What symptoms of the student’s disability will be reduced by the presence of an ESA?
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

13. Is the animal a necessary component of treatment in order for the student to reside on campus? □ Yes □ No

14. Describe evidence, observations, or evaluations that support the decision to prescribe the ESA for this student:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

15. What other forms of treatment and/or interventions are in place to ameliorate the symptoms of this diagnosis?
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
16. How long has this specific animal served in the capacity of an ESA for this student?

________________________________________________________________________________
________________________________________________________________________________

17. What have you discussed with the student regarding the responsibilities of properly caring for an animal while engaged in typical college activities and residing in on-campus housing?

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Health Care Provider Information

Name of Health Care Provider: ____________________________________________________
Signature: ______________________________ Date: ______________________________
License #: ___________________________________________
Organization: _______________________________________ Phone #: ___________________

Submitting the Completed Request Form to Disability Services:

New Students: Students new to Disability Services should submit completed guidelines and form using the secure DS Student Portal. Must have a NinerNET Student ID number. Note that medical/healthcare providers cannot access the DS Student Portal.

Returning Students with an Assigned DS Counselor: Submit completed form directly to your assigned DS counselor.

Medical/Heathcare Providers
Providers may return completed form to the student for the student to submit, or may FAX to: (704) 687-1395

By Mail
If mailing information is best, please mail to:

Office of Disability Services
UNC Charlotte
9201 University City Boulevard
Fretwell 230
Charlotte, NC 28223-0001
Fax: (704) 687-1395 | Voice/TDD: (704) 687-0040