

HEALTH CARE OR SOCIAL SERVICES PROVIDER FORM

IN SUPPORT OF REQUEST FOR AN EMOTIONAL SUPPORT ANIMAL IN UCI HOUSING

Resident: _____

Address: _____

Email: _____

Telephone: _____

Name of individual with Disability requesting Emotional Support Animal (if different from Resident) and relationship to Resident: _____

The UCI Emotional Support Animals in Housing Policy is available at <https://ucipolicy.ellucid.com/pman/documents/view/22/>. Under the UCI policy, an Emotional Support Animal is:

An animal that provides necessary emotional support for an individual with a Disability. This emotional support must alleviate one or more identified symptoms of an individual's Disability. An Emotional Support Animal is not a Service Animal under the Americans with Disabilities Act (ADA) (see endnote 1) or the U.S. Fair Housing Act (see endnote 2) and does not have any formal training or certification. Any animal can be an Emotional Support Animal, though UCI can exclude animals that cause an Undue Financial/Administrative Burden, Fundamental Alteration, or that pose a Direct Threat. Emotional Support Animals are different from Service Animals, which are dogs or miniature horses individually trained to perform work or tasks that alleviate peoples' disabilities (see endnote 1).

Under the UCI policy, a Disability is:

1. A physical or mental impairment that limits one or more major life activities;*
2. A record of such an impairment; or
3. Being regarded as having such an impairment.

*Major life activities include, but are not limited to (a) caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working; or (b) the operation of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

Disability does not include current, illegal use of or addiction to a controlled substance, and an individual shall not be considered to be disabled solely because that individual is a member of the LGBTQ community (see endnote 4).

Have you had an established client/provider relationship with the individual for at least 30 days prior to providing this documentation?

Yes

No

I am a healthcare or social services provider, and I am currently providing treatment to _____ [name of individual with Disability].

1. Does the individual identified above have a Disability as defined by the UCI policy?

YES

NO

2. Does or would the Emotional Support Animal provide necessary emotional support that alleviates one or more identified symptoms of the individual's Disability?

YES

NO

3. What are the specific functional limitations caused by the individual's disability and how does the presence of the ESA mitigate those limitations?

Health or Social Services Provider Full Name: _____

Health or Social Services Provider License Number: _____

State of License: _____

Street Address: _____

Email Address: _____

Signature: _____ Date: _____