



## Animals Utilized for Disability Purposes

This set of guidelines will address assistance animals utilized for disability purposes on the St. Francis College ("SFC") campus and in the residence hall managed by St. Francis College. The purpose of these guidelines is to articulate the conditions under which assistance animals may or must be permitted access to SFC and the residence hall.

In accordance with Section 504 of the Rehabilitation Act, the Americans with Disabilities Act, and all applicable federal, state and city disability laws, SFC, through the St. Francis College Office of Accessibility and Accommodations ("OAA"), will accommodate students with disabilities who require the assistance of a qualified service animal or an assistance animal. All requests for animals must be processed by the Assistant Director of Accessibility and Accommodations.

### Service Animals

A service animal is a dog or miniature horse that has been individually trained to do work or perform tasks for an individual with a disability. Please note that emotional support, therapy, comfort, or companion animals **are not considered service animals under the ADA**. A service animal does not need approval to access the St. Francis College campus, as long as it is readily apparent that the animal is trained to work or perform tasks for the benefit of an individual with a disability. Please consult the Interim Director of Accessibility and Accommodations, Grace Henry ([ghenry@sfc.edu](mailto:ghenry@sfc.edu)) for information about service animals in the residence hall.

If it is readily apparent the dog or miniature horse is trained to work or perform tasks for an individual with a disability, no inquiries may be made. If it is not obvious that the animal is a service animal, SFC may ask the following questions:

1. Is the dog or miniature horse a service animal required due to a disability?
2. What work or task(s) has the animal been trained to perform?

St. Francis cannot require documentation that the service animal has been trained, certified, or licensed as a service animal.

Students who plan to bring their service animal to campus are encouraged to meet with the Assistant Director of Accessibility and Accommodations prior to doing so. The Assistant Director of Accessibility and Accommodations can then provide notice to faculty of the presence of the animal, as well as coordinate any other accommodations or auxiliary services needed. The remainder of this document does not address nor apply to service animals.

### Assistance Animals/Emotional Support Animals

Assistance animals, also referred to as emotional support animals ("ESAs"), are animals that are not trained to work or perform specific tasks. Assistance animals are not service animals and include animals that are utilized by individuals with disabilities for emotional support, well-being,



or comfort. Assistance animals are not permitted on the St. Francis College campus and are not permitted to attend class, enter kitchens or dining areas, or the rooms of other residents. Approved ESAs are limited to the student's assigned room and may stay only in the residence. If the animal is to be transported outside of the student's room, it should be properly restrained by a leash or in an animal carrier.

OAA, in conjunction with Residence Life and Housing, will approve an assistance animal if certain conditions are met. The animal must be necessary for the student with a disability to have equal access to housing and the accommodation must be reasonable. An accommodation is unreasonable if it presents an undue financial or administrative burden to the College, poses a substantial and direct threat to personal or public safety, or constitutes a fundamental alteration of the nature of the housing provider's operations.

In order to request an emotional support animal, the following conditions must be met:

1. The student must be considered a person with a disability under the ADA and/or Section 504 of the Rehabilitation Act.
2. The animal must be necessary to afford the person with a disability an equal opportunity to use and enjoy a dwelling.
3. There must be an identified nexus or relationship between the symptoms of the disability and the assistance the animal provides. **Emotional distress resulting from having to give up an animal because of a "no pets" policy does not qualify a person for an accommodation under federal law.**

Dangerous, poisonous, and/or illegal animals are not permitted under any circumstances. The Office of Residence Life, in conjunction with OAA, will make reasonable efforts to notify the members of the residential community of the presence of an assistance animal. Conflicting conditions, including allergies, must be considered and the needs/accommodations of all persons will be considered and coordinated to the best of the departments' ability in the approval process. All emotional support/assistance animals must be housebroken and certified as healthy by a licensed veterinarian. Other factors which may determine whether the presence of the animal is reasonable may include:

1. The size of the animal in relation to the housing space.
2. The ability of the animal to live with others in a reasonable manner.
3. If the animal poses, or has posed in the past, a direct threat to the individual or others, such as through aggressive behavior.



## Requesting to Have an Emotional Support Animal (ESA) Live in the Residence Hall

The following steps must be completed in order to request an ESA live in the residence hall managed by SFC.

1. **Complete and submit the online [Accommodation Request Form](#) and the Request for ESA Housing Accommodations Supplemental Application** available below. The supplemental form can be submitted via email ([oa@sfc.edu](mailto:oa@sfc.edu)) or uploaded as part of the Accommodation Request Form.
2. **Provide the Documentation of Disability for an Emotional Support Animal form** completed and signed by a psychiatrist, psychologist, or other licensed mental health professional. All sections of the form must be completed, the form must be signed and license number must be included. We cannot accept substitutions for this form. Handwritten prescriptions will not be accepted.
3. **Provide the Veterinarian Verification Form** completed and signed by a licensed veterinarian.
4. **Participate in an Intake Interview** with the Assistant Director of Accessibility and Accommodations, and the Assistant Director of Residence Life when necessary. The intake interview will include the Assistant Director asking clarifying questions, reviewing all documentation submitted, and discussing the impact of the student's disability and the accommodations which have been requested, including the ESA. The intake appointment is also an opportunity for students to ask any questions regarding the accommodations process. During the intake appointment the student will complete and sign the Authorization for Release of Information form.
5. **Review Process:** The request and coordinating documentation will be reviewed by the Assistant Director of Accessibility and Accommodations, and the Assistant Director of Residence Life. If necessary, the review will include staff from the residence hall or the SFC Counseling Center. The review process typically takes 10 business days. The student will be notified via their SFC email address of the decision. If approved, the resident will be asked to sign an **ESA Contract** confirming the responsibilities of the owner. Roommates will be asked to sign an **Agreement to Reside with an ESA** form.

### Appeals Process

If a student with a documented disability believes that they have not been provided with a reasonable ESA accommodation based on access or reasonable consideration, the student should direct their concern via email to Dean Monica Michalski ([mmichalski@sfc.edu](mailto:mmichalski@sfc.edu)) within three weeks of notification of the denial of their accommodation request. The student should provide, in writing, the nature of the concern and any other relevant information to their case.

Dean Michalski will confer with necessary stakeholders, including the student and OAA, to make a determination about the appeal. The student will be notified via email about the outcome of



**ST FRANCIS COLLEGE**

the appeal within ten business days of appeal submission. The determination reached by Dean Michalski at the conclusion of the appeals process is final.



## Request for ESA Housing Accommodation Supplemental Application

Full Name: \_\_\_\_\_ SFC ID#: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ SFC Email: \_\_\_\_\_

Semester/Year for which accommodation is requested: \_\_\_\_\_

Have you previously applied for housing accommodations? (circle one):      YES      NO

If yes, when? \_\_\_\_\_ List any accommodations you received: \_\_\_\_\_

I am requesting an emotional support animal as a housing accommodation in the residence hall managed by St. Francis College. I certify that I understand the following:

- I need to submit each of the required documents and complete the tasks outlined below.
  - Accommodation Request form and Request for ESA Housing Accommodations Supplemental Application
  - Documentation of Disability for an Emotional Support Animal form
  - Veterinarian Verification form
  - Complete Intake Interview
- My application will not be reviewed until it is complete.
- The review process can take up to 10 business days after my application is complete.
- My emotional support animal cannot enter or reside in the residence hall until it is approved.
- If my request is approved, I must complete the following before bringing my emotional support animal into the residence hall
  - ESA Contract
  - Roommate Agreement to Reside with an ESA form

By signing this form, I confirm that I have read and understood the request process and guidance relating to emotional support animals.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date



## Documentation of Disability for an Emotional Support Animal

This form must be completed and signed by a psychiatrist, psychologist, or other licensed mental health professional. All sections of the form must be completed, the form must be signed, and license number must be included. You must send us the original with your signature or a scanned copy. We cannot accept substitutions for this form. Handwritten prescriptions will not be accepted. Supplemental information may be included on official letterhead. Please answer all questions as thoroughly as possible. This form can be returned to:

Grace Henry  
[ghenry@sfc.edu](mailto:ghenry@sfc.edu)

### Evaluator Information

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ License or certification #: \_\_\_\_\_

**Disability Overview:** To be eligible for services, your client must have a disability as defined by Section 504 of the Rehabilitation Act of 1973 and/or the Americans with Disabilities Act of 1990 and Amendment of 2009. These laws define a person with a disability as one who (1) has a physical or mental impairment which substantially limits one or more major life activities, (2) has a record of such an impairment, or (3) is regarded as having such an impairment. "Major life activities" are functions such as walking, seeing, hearing, speaking, breathing, learning, caring for oneself, performing manual tasks, and functions including but not limited to, the immune system, bladder, bowel, respiratory, circulatory, and endocrine systems. **In addition, the animal is necessary as prescribed by you to give the student with a disability an equal opportunity to use the residence hall, and there is an identifiable relationship between the disability and the assistance provided.**

### Student Information

Full Name: \_\_\_\_\_ SFC ID#: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ SFC Email: \_\_\_\_\_

Semester/Year accommodation is requested: \_\_\_\_\_ Date of Last Appointment: \_\_\_\_\_

Diagnosis (per the DSM-5 or ICD-10) and diagnostic method(s): \_\_\_\_\_

Date of onset: \_\_\_\_\_ Dates under your care: \_\_\_\_\_



Description of symptoms and current impact of the symptoms associated with the condition as it relates to college housing:

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Severity of condition (mild, moderate, severe): \_\_\_\_\_

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How is the student substantially limited by the diagnosed mental health impairment?

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Does the student require ongoing treatment? \_\_\_\_\_

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Are you prescribing an Emotional Support Animal to ameliorate the effects of the diagnosed disability?

☐

Yes

☐

No

Describe the symptoms that are reduced by the ESA and how these symptoms are reduced:

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Is there evidence that an ESA has helped the student in the past, or currently helps the student? Please explain. \_\_\_\_\_

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In your professional opinion, how important is it for the student's well-being that the ESA reside in the residence hall? What consequences, if any, in terms of disability symptomology may result if the ESA is not approved? \_\_\_\_\_

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

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Signature

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Date

Please attach a copy of your business card or business stamp, and any supporting documentation if available.





## Veterinarian Verification Form

Veterinarian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Animal Information:

Owner's Name: \_\_\_\_\_

Animal's Name: \_\_\_\_\_ Animal Type/Breed: \_\_\_\_\_

Sex: \_\_\_\_\_ Spayed/Neutered: \_\_\_\_\_ Weight: \_\_\_\_\_

### Vaccinations- Please check all that apply

#### Dog:

- ☐ DHLPP + C (distemper, hepatitis, leptospirosis, parvovirus, parainfluenza, corona)
- ☐ Bordetella
- ☐ Rabies

#### Cat:

- ☐ Rabies
- ☐ FVRCP (feline viral rhinotracheitis, calicivirus, penleukopenia)
- ☐ \_\_\_\_\_

#### Other:

- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_

I verify the above mentioned animal has all current vaccinations as required by the City of New York and the state of New York.

I verify that all of the above vaccinations are and will remain current through one year or as instructed by a veterinarian.

I verify the above mentioned animal has been given a stool sample test for internal parasites and that said stool sample was found to be negative for parasites known or suspected of infecting humans or that the animal has been treated appropriately for these parasites. I further verify that the above mentioned animal has been treated and/or examined and found to be free of flea infestation.

I verify the above animal is in general good health.

Veterinarian Signature: \_\_\_\_\_ Date: \_\_\_\_\_