Request for Assistance Animal in University Housing

PROCESS INFORMATION
The University of West Florida is committed to providing equal opportunity to all of its programs, activities, and services, and in compliance with the Americans with Disabilities Act (ADA) as amended in 2008, Section 504 of the Rehabilitation Act of 1973, and the Fair Housing Act (HUD). The University of West Florida provides reasonable accommodations for a student with a disability who has a verifiable need of having an Assistance Animal in University housing. A reasonable accommodation is an exception to the University’s rules, policies, practices, or services that a student with a disability may need to have an equal opportunity to use and enjoy University housing.

This form is to request an Assistance Animal, and NOT a Service Animal. **What is the difference?**

- **Service Animals are defined as dogs (or in some cases miniature horses) that are individually trained to do work or perform tasks for people with disabilities.** These tasks can include things like pulling a wheelchair, guiding a person who is visually impaired, or alerting a person who is having a seizure. The tasks a service dog can perform are not limited to this list. However, the work or task a service dog does must be directly related to the person's disability. **Service dogs may accompany persons with disabilities into places that the public normally goes.** To request a Service Animal, the “Request for Service Animal or Service Animal in Training in University Housing” Form should be completed; the form is available at [www.uwf.edu/sar](http://www.uwf.edu/sar).

- **An Assistance Animal (also commonly referred to as an emotional support or comfort animal) is an animal (typically a dog or cat though this can include other animal) that provides a therapeutic benefit to its owner through companionship.** The animal provides emotional support and comfort to individuals with psychiatric disabilities and other mental impairments. The animal is **not** specifically trained to perform tasks for a person who has emotional disabilities. **Unlike a Service Animal, an Assistance Animal is not granted access to places of public accommodation; the animal’s access is restricted to the student’s housing.**

PROCESS FOR REQUESTING ASSISTANCE ANIMALS IN UNIVERSITY HOUSING

The student must have accepted a Housing and Residence Life Contract to request consideration to have an Assistance Animal in University Housing. These steps should be followed to request an Assistance Animal:

1. A qualified third-party (e.g., psychiatrist, psychologist, primary care provider, or clinical licensed social worker) who is providing treatment to the student should complete this form. Only the information requested on this form should be provided, and it must be from a professional provider treating the student.
2. The student submits the completed form to Student Accessibility Resources.
3. The student schedules an intake appointment with a Student Accessibility Resources staff member.

The information completed on this form will be reviewed to determine:

1. That the student is a person with a documented disability;
2. The Assistance Animal being requested is necessary to afford the student, as a person with a disability, an equal opportunity to use and enjoy the on-campus housing facilities; and
3. That there is an identifiable relationship between the disability and the support that the Assistance Animal provides.

In order for the University to properly coordinate your accommodation request, please follow the following deadlines. Animals are not permitted in University Housing until the registration process has been completed.

- Fall – May 1st
- Spring – November 1st
- Summer – April 1st

*While Housing Accommodation Requests submitted after these dates will be accepted and considered, UWF cannot guarantee that it will be able to meet the late applicants’ accommodation needs, including any needs that develop during the semester. In the event that a request for an Assistance Animal is outside of the deadlines and one or more current roommates do not approve, Housing and Residence Life will make every effort to find another location for the individual to reside with the Assistance Animal. If another location is not available, the individual may need to wait to bring the Assistance Animal to campus until another housing assignment can be made, which may mean waiting until the next semester commences and/or being assigned a single room.*
The student will be informed of the final determination by email within 7-14 business days after the initial submission of provider verification form and completion of an intake appointment. If the student does not agree with the determination, the student may follow the University’s Grievance Procedure located at www.uwf.edu/sar.

The University reserves the right to reassign the student to a space to accommodate the Assistance Animal if there is a potential impact on roommate(s). For example, if a roommate has a conflicting medical condition that could be impacted by the presence of the animal.

The approval of an Assistance Animal is animal-specific. If a student intends to replace an Assistance Animal, a new request and updated supportive documentation must be submitted to Student Accessibility Resources.

Note: The University has the right to deny animals that pose a disease or other health threat to humans.

A student who is approved to have an Assistance Animal in University housing will be required to acknowledge the Assistance Animal Owner’s Responsibilities, as outlined on the last page of this document. These responsibilities will be reviewed with the student by Student Accessibility Resources staff.

**COMPLETED FORM SUBMISSION AND INTAKE SCHEDULING**
The completed form should be submitted to Student Accessibility Resources. To schedule an intake appointment, students should contact Student Accessibility Resources at 850-474-2387.

**STUDENT INFORMATION – completed by student**

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**REQUIRED**
I have read all pages of this document, and understand the conditions outlined.

Student Signature

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<th>COMPLETED FORM SUBMISSION</th>
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<td>The completed Request for Reasonable Accommodation in University Housing should be submitted to Student Accessibility Resources.</td>
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Via Mail:
Student Accessibility Resources
11000 University Parkway
Pensacola, FL 32514-5750

Via Fax:
850-474-2250

Via Email:
sar@uwf.edu
STUDENT HEALTHCARE SECTION – completed by healthcare provider

Student Name ___________________________ UWF ID ______________________

To properly evaluate how The University of West Florida can best meet the student’s need for requesting an Assistance Animal in University housing, the University requires specific diagnostic information from a licensed clinical professional or health care provider who is directly responsible for the treatment of the student’s disability, including the intentional use of an Assistance Animal to address specific functional limitations that result from the student’s physical or psychological condition(s). The provider completing this form cannot be a relative of the student. The provider should completely respond to all questions and may attach additional related information.

1. Does the student who you have individually examined and treated have a physical or mental impairment that substantially limits one or more major life activities?
   a. NO.
   b. YES: Describe what major life activities are impaired:

2. Does the student need an assistance animal due to a disability?
   a. NO.
   b. YES.

3. Identify the disability-related need for an Assistance Animal, and explain how the animal alleviates one or more of the identified substantially-limiting major life activities (thereby reducing the identified symptoms or effects of this individual’s existing disability).

4. What type of animal is being requested?

5. If the student (animal owner) requires a re-evaluation in the future to qualify for this accommodation, what is the timeframe of this accommodation?
   a. Start Date: ______________ to End Date: ______________

I am verifying that the named student information is correct, that the student is a patient that I have been treating, and that I am not a relative of the student.

Provider Name ___________________________ License Number _____________ State _______

Provider Title _____________________________

Address ________________________________

City ______________________________ State __________________ Zip _______

Provider Signature _________________________ Date __________

Revised 11/1/18