

# Treating Practitioner's Verification of Disability/Illness Related to Request for Accessible Housing Accommodations

Documentation must be provided by a licensed or credentialed professional with specific training or expertise related to the condition being diagnosed (e.g. anxiety disorder diagnosed by a licensed psychiatrist, psychologist, social worker, or clinical nurse practitioner). The following questions address the required criteria for eligibility. This request form must be fully legible for processing.

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**Student Name:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**Student ID #:** \_\_\_\_\_ **Class Rank (FR, SO, JR, SR):** \_\_\_\_\_

Diagnosis in the area(s) of [circle all that apply]:     **Psychiatric**     **Physical**     **Medical**     **Learning**

Date last seen by your office relative to the disability in question: \_\_\_\_\_

When the disability was first diagnosed: \_\_\_\_\_ By whom: \_\_\_\_\_

Evaluation method(s) used: \_\_\_\_\_

Severity of current symptoms (circle one):     **Mild**     **Moderate**     **Severe**

Condition is (circle one): Stable     **Prone to exacerbation**     **Permanent/chronic**     **Temporary**

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1. Diagnostic statement: identify the disability, and the diagnostic codes of the condition (e.g. DSM-V or ICD-10). \_\_\_\_\_
2. Describe the diagnostic methodology that led to that diagnosis (e.g. testing, clinical narrative, observations, etc.). \_\_\_\_\_
3. Describe the current functional limitations due to the disabling condition, demonstrating how a major life activity is significantly limited by the frequency and pervasiveness of the condition. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. What is the expected prognosis or stability of the disability? \_\_\_\_\_
5. Describe all **current** and **past** interventions including medications, including evidence of a documented assessment and/or a treatment plan as well as the subsequent progress notes summarizing the effectiveness of the various interventions. \_\_\_\_\_  
\_\_\_\_\_

Questions #6 and #7 pertain **only** to requests for an **Emotional Support Animal\*** (ESA)

6. State clearly how the ESA serves as an accommodation for the verified disability. Evidence must be shown that the ESA has been established in the individual's life and has been effective in addressing the limitations from the disability in ways that other interventions have not been. Describe/provide evidence that the other means of treatment (e.g. counseling, medication, etc.) have not been adequate in managing the symptoms and that the introduction of the ESA has been successful in decreasing the symptoms. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Provide specific details as to why the ESA is necessary for the student to use and enjoy residential housing. Why/how would the student not be able to use and enjoy residential housing in light of their disability if the ESA were not available? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I understand that the information provided will become part of the student's record and may be released to the student upon his/her written request.*

\_\_\_\_\_  
**PRINT** Name of Verifying Professional

\_\_\_\_\_  
**PRINT** Title

\_\_\_\_\_  
**Verifying Professional's Signature**

\_\_\_\_\_  
**Date**

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

Phone # \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_