



## Disability Access Services Housing Accommodation Request Form

**Student Name (Print):** \_\_\_\_\_

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

At Concordia University Irvine, residential living means community living, and our desire is to see students learn to live with others, **believing that the skills developed in this environment are key to adult development and societal impact.** We also want residential communities to reflect disability-inclusive diversity, which means we aim to have our students with disabilities living with their peers.

Nevertheless, we know that housing accommodations may be necessary in order for a student with a disability to have equal access to living on campus. Accommodations are not provided for treatment, for prevention, or to ensure a good experience; rather, they are meant to remove unnecessary barriers that discriminate against a person with a disability.

Documentation and all relevant information should be completed or provided by an appropriately qualified professional currently treating the student. Documentation completed by a family member is not acceptable. For psychological disabilities, **evaluation and documentation should be within the last six months** unless the condition is one that does not change over time. All requests will be evaluated on a case-by-case basis.

### **Single Room Accommodations:**

Requests for a single room as an accommodation based solely on a desire to have a “quiet, undisturbed place to study” or as a need for a “reduced distraction environment” will not be granted. By virtue of the shared facilities, resources, and number of people living under one roof, it is unrealistic to assume that a private room would provide a quiet, distraction-free space to any appreciable degree beyond living in a standard double room. Our Rho/Sigma halls already provide personal bedrooms/study spaces, so single room accommodations will typically only apply to housing assignments in Quads. All students share a bathroom with suitemates.

### **Meal Plan Accommodations:**

Most requests for exemptions from the meal as an accommodation will not be granted. Our Dining Services will work with students to meet most dietary restrictions. We do not have private kitchens.

### **Emotional Support Animal Request:**

If a student is requesting to bring an ESA into their residence, a qualified professional must complete the DAS Housing Emotional Support Animal Form instead of the Housing Documentation form.

**These forms and additional documentation can be dropped off in the Student Success Center**

**Attn: Disability Services**

**Email: [das@cui.edu](mailto:das@cui.edu) // Fax: 949-214-3039**

Edited 3/31/2023



**DAS Housing Accommodation Documentation Form | [Completed by Medical Professional]**

**Campus Context**

Students have their own room in Rho & Sigma, sharing an entrance and a sink area with each other, and a bathroom with suitemates. Personal bathrooms are not available. Singles in Rho & Sigma will rarely be granted.

**Diagnosis** *(Please attach any other information (evaluations) relevant to the student’s current condition and request.)*

Diagnosis: _____	Date of Diagnosis: ____/____/____
Initial contact with student: ____/____/____	Last contact with student: ____/____/____
Level of the severity of the disorder: Mild _____	Moderate _____ Severe _____
Expected duration: Permanent _____	Chronic/recurring _____ Temporary _____

**Description of symptoms:**

**What accommodation or services do you recommend to address the impact of the condition in the living environment?**

**Do you believe this accommodation is medically necessary in order for a student to participate in campus housing?**

**Is there any other information you would like to add that might be helpful to us in working with this student?**

*Evaluator Information:*

<b>Name</b>	<b>Date</b>
<b>Signature</b>	<b>License or Certification</b>
<b>Phone #</b>	



## Instructions for Requesting an Emotional Support Animal in Concordia University Housing

An emotional support animal (ESA) is one that is necessary to enable the resident with a disability an equal opportunity to use and enjoy University housing. An ESA may provide physical assistance, emotional support, stability and other kinds of assistance. ESAs do not perform work or tasks that would qualify the animal as a “service animal” under the Americans with Disabilities Act (ADA). ESAs that are not service animals under the ADA may be permitted, in certain circumstances, in University housing pursuant to the Fair Housing Act (FHA).

University residents may be eligible to bring an assistance animal into their residence if Concordia’s Disability Access Services (DAS) determines that the requested assistance animal is necessary for the resident with a disability to function or remain psychologically stable. In order for DAS to make this determination:

- The resident requesting an assistance animal must submit the DAS Emotional Support Animal Documentation form instead of the DAS Housing Accommodation Request Form.
- A qualified professional must complete the DAS Emotional Support Animal Documentation form (see below).

### IMPORTANT NOTES:

- Documentation must be submitted to DAS *before* a request for an ESA will be reviewed by DAS.
- DAS does not approve ESAs for stays under 30 days or in the middle of a term.
- Students may not board exotic animals such as, but not limited to: reptiles, rodents (other than hamsters and guinea pigs), ferrets, hedgehogs, skunks, rats, raccoons, squirrels, potbellied pigs, monkeys, arachnids, or any farm animals.
- The animal must be fully grown and housetrained, and the student is responsible for keeping vaccines and registration up-to-date. While the allowable age of the animal may vary depending on breed, generally it should be at least a year old.
- The student should have lived with and provided training for the animal for a minimum of 3 months.
- Residents whom DAS approves for an ESA in their residence must comply with their Housing Contract and CU’s Service and ESA Policy.
- Students should **never** pay an online website for this documentation. Those places are scams.



**DAS Emotional Support Animal Documentation Form | [Completed by Medical Professional]**

**Student Name (Print):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name of Assistance Animal:** \_\_\_\_\_ **Animal Type:** \_\_\_\_\_ **Animal Age:** \_\_\_\_\_

Student’s requested accommodation is for the following term:

Fall                       Winter                       Spring                       Summer                      Year: \_\_\_\_\_

Instructions for clinician:

*This form must be filled out by a qualified professional who is currently working with the student, and is permitted by their licensing agency to prescribe ESAs. Please answer the questions as thoroughly as possible. **Alternatively, the provider may write a letter or report that provides this information.** Documentation completed by a family member is not acceptable. For psychological disabilities, evaluation and documentation should be within the last six months unless the condition is one that does not change over time. All requests will be evaluated on a case-by-case basis.*

Federal laws define a person with a disability as, “any person who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such an impairment.” Disability has both diagnostic and functional elements, and BOTH elements need to be documented for effective accommodation determination.

**These forms and additional documentation can be dropped off in the Student Success Center**

**Attn: Disability Services**

**OR**

**Email: [das@cui.edu](mailto:das@cui.edu) // Fax: 949-214-3039**

*Evaluator Information:*

<b>Name</b>	<b>Date</b>
<b>Signature</b>	<b>License or Certification</b>
<b>Phone #</b>	



**Diagnosis** *(Please attach any other information (evaluations) relevant to the student's current condition and request.)*

Diagnosis: _____	Date of Diagnosis: ____/____/____
Initial contact with student: ____/____/____	Last contact with student: ____/____/____
Level of the severity of the disorder: Mild _____	Moderate _____ Severe _____
Expected duration: Permanent _____	Chronic/recurring _____ Temporary _____

**Description of symptoms:**

**What accommodation or services do you recommend to address the impact of the condition in the living environment?**

**Do you believe this accommodation is medically necessary in order for a student to participate in campus housing?**

**Information about the proposed Emotional Support Animal**

- A. What symptoms will be reduced by the student having an ESA in residence with them?
- B. What is the proposed ESA being prescribed to the student? And is there evidence the ESA has helped this student (currently or in the past)?
- C. Is there a different/another accommodation that could be provided in the residential setting to meet this student's needs? If so, please describe below.
- D. Have you met the animal you are prescribing, and have you seen the student interact with the animal?



## ESA Potential Issues

Dear Clinician, by initialing each affirmation, you agree that you have covered the *Potential Issues* listed below in detail with your patient and still maintain that the patient is capable of being a responsible owner of an Emotional Support Animal (ESA).

\_\_\_\_\_ I affirm that I have discussed the financial issues of owning and caring for an ESA (financially it can be costly, ranging anywhere from \$660-\$5270 for the first year of ownership, with an additional yearly cost of \$360-\$2520 for the lifetime of the dog).

\_\_\_\_\_ I affirm that I have discussed how the student will care for the ESA, including providing the ESA with food, water, walking, veterinarian services, and spending time with the ESA.

\_\_\_\_\_ I affirm that I have discussed with my patient what they will do with the ESA during weekends, holiday breaks, or when the student is in class. Note: ESA's cannot be left in the care of roommates for overnight stays.

\_\_\_\_\_ I affirm that I have assessed prior history of my patient's experience and ability in caring for an ESA.

\_\_\_\_\_ I affirm that my patient cannot function or remain psychologically stable without an ESA.

\_\_\_\_\_ I affirm that I have discussed with my patient the emotional maturity necessary to properly care for an ESA.

\_\_\_\_\_ I affirm that I have discussed the possibility of increased roommate conflict due to an ESA.

\_\_\_\_\_ I affirm that I have discussed that it can make matching roommates more challenging.

\_\_\_\_\_ I affirm that I have explained to my patient that the ESA must be house trained prior to living in a dorm (note: all ESAs must be licensed, fixed/neutered, be up-to-date on vaccines, and full grown).

\_\_\_\_\_ I affirm that I have discussed with my client that an ESA may not acclimate well to living in a small dorm room.