

Lincoln Memorial University Emotional Support Animal Application

****All students must follow the policies and procedures here BEFORE acquiring an emotional support animal. Animals found on campus prior to approval are violations of the student code of conduct and will result in disciplinary action.****

Part 3: Provider Information

Instructions: Please complete all parts of this application regarding your request for an emotional support animal. Please submit this, with parts 1 and 2 of the application, and with veterinary records of the requested animal.

Section 1: To Be Completed by the Student

Full Name:

Date of Birth:

Address:

Section 2: To Be Completed by a Licensed Mental Health Provider in Tennessee, Virginia, Kentucky, Florida, or the Home state of the student listed above.**

*****By signing this form, the licensed mental health provider certifies that they are an appropriately licensed professional trained in psychiatric, psychological, or neuropsychological assessment***

Instructions: This section is to be completed by a licensed mental health provider. It assists the Emotional Support Animal Review Committee of Lincoln Memorial University in making decisions regarding whether an emotional support animal within the residential facility may be an appropriate accommodation for the student. Please complete the form and submit it as documentation of your recommendation for an emotional support animal so that we may best evaluate the request for this accommodation. Thank you very much for your cooperation!

Full Name:

Credentials:

License Number:

Place of Employment:

Phone Number:

Address:

Name of recommended animal:

Type of recommended animal:

Age of recommended animal:

Information about the Student's Disability

A person with a disability is defined as someone who has a physical or mental impairment that substantially limits one or more major life activities.

What is the nature of the student's mental health impairment? Please provide information about the student's diagnosis (including DSM 5 code) and the ways in which it is substantially limiting to the student.

Does the student require ongoing treatment?

When did you first meet with the student regarding this mental health diagnosis?

When was the last time you met with the student regarding this mental health diagnosis?

How many times have you seen the student for this mental health diagnosis?

Information about the Proposed Emotional Support Animal

Is the animal named above one that you have specifically prescribed as part of the treatment for the student, or is it a pet that you believe will have a beneficial effect for the student while in residence on campus?

What symptoms of the student's mental health disability will be reduced or alleviated by the presence of the emotional support animal?

Is there evidence that an emotional support animal has helped this student in the past or currently?

Importance of ESA to student's well-being

In your opinion, how important is it for the student's well-being that an emotional support animal be in residence on campus? What consequences, in terms of disability symptomology, may result if the accommodation is not approved?

Have you discussed the responsibilities associated for properly caring for an animal while engaged in college activities and residing in college housing? Do you believe those responsibilities might exacerbate the student's symptoms in any way? (If you have not had this conversation with the student, we will discuss with the student at a later date.)

Please initial the statements below to indicate your understanding of the emotional support animal letter and process.

I understand that an emotional support animal is an accommodation for a disability. A disability is defined as something that substantially limits a major life function in the life of the student. By submitting this form and a letter of documentation, I am certifying that I believe that this student has a disability, which *substantially limits* a major life function.

I understand that, because the university must consider the safety of the entire university community, I should recommend an emotional support animal only if I believe that the student truly needs the animal to alleviate the symptoms of their disability and to fully enjoy their dwelling.

I understand that, because there are some restrictions on the kind of animal that can be approved for the residential facilities at Lincoln Memorial University, it is possible that the student may be approved for an ESA, but may not be permitted to bring the specific animal named.

Please sign below to indicate your completion and certification of the above items.

Thank you for taking the time to complete this form. If we need additional information, we may contact you at a later date. We recognize that having an ESA in the residence hall can be a real benefit for someone with a significant mental health disorder, but the practical limitations of our housing arrangements make it necessary to carefully consider the impact of the request for an ESA on both the student and the campus community.

Please return the completed form to:

The Deputy Title IX Coordinator & Compliance Officer

Lincoln Memorial University

Please email or scan the form to: rebekah.webb@lmunet.edu