



OFFICE OF SPECIALIZED SERVICES

505 Ramapo Valley Road, Mahwah, NJ 07430-1680

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**Emotional Support Animal Documentation Form**

Student's Name: \_\_\_\_\_

Re: Proposed Emotional Support Animal

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

Type of animal: \_\_\_\_\_

Age of animal: \_\_\_\_\_

The above-named student has indicated that you are the (physician, psychiatrist, mental health worker) who has suggested that having an Emotional Support Animal (ESA) in the residence hall will be helpful in alleviating one or more of the identified symptoms or effects of the student's disability. Generally, we accept documentation from providers in the State of New Jersey or the students' home state. So that we may better evaluate the request for this accommodation, please answer the following questions:

**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."* **Note: Not every mental health**

**condition/diagnosis represents a disability. In order for a condition to be considered a disability it must substantially limit one or more major life activities**

- 1) What is the nature of the student's mental health impairment (that is, how is the student substantially limited?)



- 9) What consequences, in terms of disability symptomology, may result if the accommodation is not approved?
- 10) Have you discussed the responsibilities associated with properly caring for an animal while engaged in typical college activities and residing in campus housing (i.e. the animal will only be permitted in the student's living quarters, animal needs to be caged/crated when the student is in class or outside their living quarters, living quarters are small and often shared with other students)?
- 11) 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.)

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 impairment, 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 provide contact information, sign and date this questionnaire (below), and return it to:

Office of Specialized Services  
Ramapo College of NJ  
505 Ramapo Valley Rd.  
Mahwah, NJ 07430

Or fax: 201-684-7004

Contact information: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

FAX and/or Email address: \_\_\_\_\_

Professional Signature: \_\_\_\_\_

License #: \_\_\_\_\_

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

(This form has been developed as part of **DAIS** Professional Development workshop. Permission is freely granted to use or adapt the form and the questions for use on your campus.)