



SACRAMENTO STATE

California State University, Sacramento
Disability Access Center
6000 J Street • Lassen Hall, Room 1008 • MS 6042 • Sacramento, CA 95819
T (916) 278-6955 • F (916) 278-7825 • www.csus.edu/dac

Emotional Support Animal Questionnaire

Instructions: Students requesting approval for an Emotional Support Animal (ESA) to live in North Village, a residential education community at CSUS should complete Section 1 and provide this form to their current qualified medical provider. The qualified medical provider should complete Section 2. The completed form should be submitted to dac@csus.edu. To best ensure availability of accommodation needs, the form should be submitted prior to the housing priority deadline.

The student named below may be eligible for services offered through the Disability Access Center. To provide these services, we need information about the student's functional limitations that affect living on-campus. Please be assured that the information provided below will be used in confidence for the educational benefit of the student. The Disability Access Center reserves the right to make the final determination concerning the eligibility and continuation of services.

Section 1

NAME: _____ DOB: _____ SAC STATE ID: _____

I authorize _____ (my medical provider and/or Medical Records Dept.) to release the requested health information and additional clarification relevant to the impact of my disability on my education.

Student Signature

Date

Section 2

THE FOLLOWING IS TO BE COMPLETED BY A QUALIFIED MEDICAL PROFESSIONAL

Date of Initial Patient/Client Relationship: _____ Frequency of Appointments/Treatments: _____

Date of last office visit prior to completing this form: _____

Information about the Student:

1. Please list any medical conditions that you diagnosed associated with the need for an ESA below:

Table with 5 columns: Diagnosis, Date of Diagnosis, Severity of Functional Limitation (Mild, Moderate, Severe), Permanent or Temporary, Date of Last Treatment.



SACRAMENTO
STATE

California State University, Sacramento
Disability Access Center

6000 J Street • Lassen Hall, Room 1008 • MS 6042 • Sacramento, CA 95819
T (916) 278-6955 • F (916) 278-7825 • www.csus.edu/dac

2. What assessments or instruments were used to make the determination of the student's diagnosis?

3. What is significant about the student's condition that severely impacts their functioning?

4. What major life activities are affected by the student's condition?



**SACRAMENTO
STATE**

**California State University, Sacramento
Disability Access Center**

6000 J Street • Lassen Hall, Room 1008 • MS 6042 • Sacramento, CA 95819
T (916) 278-6955 • F (916) 278-7825 • www.csus.edu/dac

5. Please list any medications that you have prescribed:

MEDICATION/AUXILIARY AID	FREQUENCY	SIDE EFFECTS

6. Please list any additional interventions utilized prior to concluding that an ESA is a recommended aspect of the student's treatment plan:

7. Please describe the connection between the recommended ESA and the student's major life activities that are impacted by their disability:



SACRAMENTO
STATE

California State University, Sacramento
Disability Access Center

6000 J Street • Lassen Hall, Room 1008 • MS 6042 • Sacramento, CA 95819
T (916) 278-6955 • F (916) 278-7825 • www.csus.edu/dac

14. For dogs only: Is the proposed ESA obedience trained? *Although not required, having your dog obedience trained reduces the likelihood of inappropriate animal behavior that may lead to having the animal removed from the residential education community.*

Information about Clinician / Medical Provider

Name

Specialty

Licensure Type

License Number

State Issued

Expiration Date

Please describe your specialized training and experience/expertise in Human-Animal Interaction (HAI):

By completing and signing this form, I certify that all information provided is correct and true, and that I am not a relative or engaged in any relationship with this client/student that would constitute a conflict of interest associated with my completion of this form. Please return this form directly to dac@csus.edu.

Signature _____

Date _____