Emotional Support Animal (ESA) Policy and Agreement



1

Indian Hills Community College (IHCC) recognizes the importance of "Service Animals" as defined by the Americans with Disabilities Act Amendments Act (ADAAA), and of Emotional Support Animals (ESAs), supported by the Fair Housing Act. The college is committed to allowing individuals with disabilities the use of a Service Animal on campus to facilitate their full participation and equal access to IHCC's programs and activities. IHCC is also committed to allowing ESAs, necessary to provide individuals with mental health disabilities an equal opportunity to use and enjoy Indian Hills Community College housing. This Policy explains the specific requirements applicable to an individual's use of an ESA in IHCC housing. IHCC reserves the right to amend this Policy as circumstances required. This policy applies solely to ESAs that may be necessary in college housing. It does not apply to "service animals" as defined by the ADAAA, and whose presence on campus is explained in the IHCC Service Animal Policy.

Although it is the policy of IHCC that individuals are generally prohibited from having animals of any type in college housing, IHCC will consider a request by an individual with a disability for reasonable accommodation from this prohibition to allow an ESA that is reasonable and necessary because of a mental health disability. However, no ESA may be kept in college housing at any time prior to the individual receiving approval as a reasonable accommodation pursuant to this Policy. Any requests for animals in residence for individuals with disabilities that are neither service animals nor ESAs should be directed to the <u>Disability Services Office</u>.

Definition of an Emotional Support Animal (ESA)

An Emotional Support Animal (ESA) is an animal that provides therapeutic emotional support for an individual with a diagnosed mental health disability. Unlike service animals that are trained to perform specific tasks that are important to the independence or safety of their disabled handler, ESAs are generally not trained to perform disability-specific tasks. Their therapeutic support is a function of their presence and interaction with the person with a disability. ESAs are not pets, but they typically are animals commonly kept in households as pets. An ESA may be a dog, cat, small bird, rabbit, hamster, gerbil, fish, turtle, or other small, domesticated animal that is traditionally kept in the home for pleasure. Under guidelines from HUD, reptiles (other than turtles), barnyard animals, monkeys, and other non-domesticated animals are not considered common household animals. Exceptions to these guidelines regarding animals serving as ESAs will be considered on a case-by-case basis.

The question in determining if an ESA will be allowed in college housing is whether or not the ESA is necessary, because of the individual's disability, to afford the individual an equal opportunity to use and enjoy college housing, and its presence in college housing is reasonable. However, even if the individual with a disability establishes necessity for an ESA and it is allowed in college housing, an ESA is not permitted in other areas of the college (e.g. dining facilities, libraries, academic buildings, athletic buildings and facilities, classrooms, labs, or other college property).

Number of Animals

Generally, only one animal will be approved to be in residence in a single housing unit.

Size of Animal Crate/Cage

An ESA should be crated when the student is not in the room. The size of crate/cage should be an appropriate size for the space available in the housing unit. IHCC Student Housing can assist with determining these dimensions. IHCC furniture cannot be removed from the resident's room.

Care of the ESA

The care of the ESA is the sole responsibility of the student. The student will

- Provide appropriate restraint, control and supervision of the animal at all times.
- Provide the animal with appropriate care, including food, water, shelter, health care and humane treatment.
- Clean up and dispose of all animal waste (both indoors and outdoors) in a timely and effective manner.
- Not allow odor, noise, damage, or other behavior of the animal that disturbs others or damages college grounds, facilities or property.
- Confine the animal when leaving the room.
- Not leave the animal alone for a time period in excess of six consecutive hours per 24 hours. Any exceptions to this must be approved through IHCC Student Housing.
- Students are responsible for any and all damages caused by their ESA or due to having an ESA in their dorm.

Failure to abide by the ESA policy may result in a written warning, fine, or the removal of the ESA from on-campus housing.

Age of the Animal

Generally, an animal must be at least 9 months of age to live on campus to assure that the animal is reliably housebroken, not disruptive to other residents, and has all of the shots necessary to make it safe to be around humans and other animals (that may be in the residence).

Request for Housing Accommodation (RE: Emotional Support Animal)

The student and appropriate health care provider should complete the ESA Accommodation Request form on pages 3 and 4. Return it to the Disability Services Office.

The student request will be evaluated by the IHCC Office of Disability Services. A recommendation regarding the housing accommodation request will then be sent to the student and to Student Housing. If approved, the student will complete the <u>Animals in Residence Hall Agreement</u>. An animal should not move into the dorm until all Student Housing items are satisfied. If an ESA is approved after a housing assignment is made, it is the resident's responsibility to communicate with their assigned roommate. If your ESA should change, please contact the IHCC Housing Office at <u>Housing@indianhills.edu</u> or 641-683-5304 to complete a new Animals in Residence Hall Agreement.

Request for Housing Accommodation Re: Emotional Support Animal

Places sign this form before providing it to your mental health provider to complete

Student

| By signing below, I consent to allowing my health care provider to share any information relevant to my need for an ESA as an accommodation, as shown on this form, with Indian Hills Community College Disability Services Personnel for the next 60 days. Signature: | Please sign this form <u>before</u> providing it to your men | tal nealth provider to complete. |
|---|--|----------------------------------|
| Proposed ESA (if identified): Name: Type of animal (and breed): By signing below, I consent to allowing my health care provider to share any information relevant to my need for an ESA as an accommodation, as shown on this form, with Indian Hills Community College Disability Services Personnel for the next 60 days. Signature: Date: Date: / / Health Care Provider (The health care provider need not use this specific form, but all the information requested here is necessary for a institution to have in order to consider the request for an ESA; the form is provided as a convenience.) | Student's Name: | |
| Proposed ESA (if identified): Name: Type of animal (and breed): By signing below, I consent to allowing my health care provider to share any information relevant to my need for an ESA as an accommodation, as shown on this form, with Indian Hills Community College Disability Services Personnel for the next 60 days. Signature: Date: Date: / Health Care Provider (The health care provider need not use this specific form, but all the information requested here is necessary for a institution to have in order to consider the request for an ESA; the form is provided as a convenience.) | Date of Birth:/ St | udent ID: |
| Name: Age of animal (and breed): Age of animal: By signing below, I consent to allowing my health care provider to share any information relevant to my need for an ESA as an accommodation, as shown on this form, with Indian Hills Community College Disability Services Personnel for the next 60 days. Signature: Date:/ Health Care Provider (The health care provider need not use this specific form, but all the information requested here is necessary for a institution to have in order to consider the request for an ESA; the form is provided as a convenience.) | Phone Number: Er | nail Address: |
| Type of animal (and breed): Age of animal: By signing below, I consent to allowing my health care provider to share any information relevant to my need for an ESA as an accommodation, as shown on this form, with Indian Hills Community College Disability Services Personnel for the next 60 days. Signature: Date:/ Health Care Provider (The health care provider need not use this specific form, but all the information requested here is necessary for a institution to have in order to consider the request for an ESA; the form is provided as a convenience.) | Proposed ESA (if identified): | |
| By signing below, I consent to allowing my health care provider to share any information relevant to my need for an ESA as an accommodation, as shown on this form, with Indian Hills Community College Disability Services Personnel for the next 60 days. Signature: Date:// Health Care Provider (The health care provider need not use this specific form, but all the information requested here is necessary for a institution to have in order to consider the request for an ESA; the form is provided as a convenience.) | Name: | |
| an ESA as an accommodation, as shown on this form, with Indian Hills Community College Disability Services Personnel for the next 60 days. Signature: | Type of animal (and breed): | Age of animal: |
| Health Care Provider (The health care provider need not use this specific form, but all the information requested here is necessary for a institution to have in order to consider the request for an ESA; the form is provided as a convenience.) | an ESA as an accommodation, as shown on this form | · |
| (The health care provider need not use this specific form, but all the information requested here is necessary for a institution to have in order to consider the request for an ESA; the form is provided as a convenience.) | Signature: | Date:/ |
| institution to have in order to consider the request for an ESA; the form is provided as a convenience.) | Health Care Provider | |
| | | |
| Student's Name: | Student's Name: | |

The above-named student has indicated that you are the health care provider who has suggested that having an Emotional Support Animal (ESA) in the residence hall will have therapeutic benefit in alleviating one or more of the identified symptoms or effects of the student's mental health disability. Generally, we prefer documentation from providers in the State of Iowa or the student's home state who have personal knowledge of the student, consistent with their professional obligations. Letters purchased from the internet for a set price rarely provide the information necessary to support an ESA request.

The Federal Trade Commission (FTC) has been asked to investigate websites that purport to provide documentation from a health care provider in support of requests for an ESA. The websites in question offer for sale documentation that is not reliable for purposes of determining whether an individual has a disability or disability-related need for an ESA because the website operators and health care professionals who consult with them lack the personal knowledge that is necessary to make such determinations.

| so that we may better evaluate the request for this accommodation, please answer the following questions. |
|--|
| Information About the Student's Disability |
| 1. Does the individual identified above have a disability? Yes No |
| If yes, is the need for an assistance animal related to that disability? For example, does or would an emotional support animal alleviate one or more of the symptoms or effects of the disability? Yes No |
| Information About the Proposed ESA |
| Please note that there are some restrictions on the kind of animal that can be approved for the residence hall; it is possible the student may be approved for an ESA, based on the information you provide here, but may not be allowed to bring the specific animal named. |
| Is the animal named here one that you specifically prescribed as part of 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 specific symptoms will be reduced by having an ESA, and how will those symptoms be mitigated by the presence of the ESA? |
| |
| |
| Is there evidence that an ESA 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 ESA be in residence on campus? What consequences, in terms of disability symptomology, may result if the accommodation is not approved? |
| |
| |
| |

This student was provided with a copy of the rules and restrictions surrounding the presence of an animal in residence in the University housing. Has the student shared those restrictions with you? Yes _____ No ____

| Have you discussed the responsibilities associated with properly caring f college activities and residing in campus housing? Do you believe those student's symptoms in any way? (If you have not had this conversation v student at a later date.) | responsibilities might exacerbate the |
|---|--|
| | |
| Thank you for taking the time to complete this form. If we need additional a later date. The named student has signed this form (page 3) indicating winformation with us in support of the request. We recognize that having an ESA in the residence hall can be a real beneficial health disorder, but the practical limitations of our housing arrangements the impact of the request for an ESA on both the student and the campus Please provide contact information, sign and date this questionnaire (being finding the community College, 525 Grandview Ave, Ottumwa, Attn: Disability Services | written permission to share additional it for someone with a significant mental make it necessary to carefully consider community. low), and return it to Disability Services |
| Name & Title: | |
| Address: | |
| Telephone: | |
| Fax and/or Email address: | |
| Professional Signature: | ///// |
| Type of License: | License #: |



Emotional Support Animal (ESA) Policy and Agreement

Indian Hills Community College

Non-Discrimination Policy: It is the policy of Indian Hills Community College not to discriminate on the basis of race, creed, color, sexual orientation, gender identity, national origin, sex, disability, religion, age, political party affiliation, or actual or potential parental, family or marital status in its programs, activities, or employment practices as required by the lowa Code sections 216.9 and 256.10(2), Titles VI and VII of the Civil Rights Act of 1964 (42 U.S.C. § 2000d and 2000e), the Equal Pay Act of 1973 (29 U.S.C. § 206, et seq.), Title IX (Educational Amendments, 20 U.S.C. §§ 1681 – 1688), Section 504 (Rehabilitation Act of 1973, 29 U.S.C. § 794), and the Americans with Disabilities Act (42 U.S.C. § 1210I, et seq.).