Resource Center for Persons with Disabilities (RCPD)

Maximizing Ability & Opportunity

Michigan State University

434 Farm Lane #120 Bessey Hall

East Lansing, MI 48824-1033

(517) 884-RCPD (517) 432-3191 (fax)

rcpd.msu.edu

**Service/Assistance Animal in University Housing Documentation Form**

**Disability documentation must be on file with RCPD to consider Service/Assistance Animal in University Housing request – https://www.rcpd.msu.edu/services/documentation**

The individual named below has requested access for an assistance animal in university housing. Michigan State University provides academic and workplace services and accommodations to individuals with disabilities. Individuals seeking approval for assistance animals in University housing must provide appropriate medical documentation of their condition so that the RCPD can: a) determine eligibility for accommodations, and b) if eligible, determine appropriate accommodations.

*The Americans with Disabilities Act (ADA) defines disability as “a physical or mental impairment that substantially limits one or more major life activities, a record of such impairment, or being regarded as having such an impairment.” Disabilities involve substantial limitations and are distinct from common conditions not substantially limiting major life activities.*

**Documentation required to verify the condition, severity, and functional limitations includes completion of this form or provision of equivalent information on official letterhead to the RCPD by a licensed psychologist, neuropsychologist, psychiatrist, or other licensed treating professional**. Professionals completing this form must have first-hand knowledge of the condition, experience in working with students and employees, with disabilities and ideally a familiarity with the physical, emotional and cognitive demands experienced by students and employees in an academic setting. Diagnoses of disabilities documented by family members are unacceptable. For additional information regarding assistance animal guidelines, refer to <https://www.rcpd.msu.edu/download/97> .

“The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. `Genetic information' as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.”

**Client Information**

Client name: Last, First, Middle Initial

Date of Birth: Client’s MSU NetID:

**Certifying Professional**

Certifying Professional’s Printed Name:

Credentials/Specialization:

License Type:

License #: State: Exp. Date:

Mailing Address:

City/State/Zip:

Phone: ( ) Fax: ( )

Email:

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| --- |
| Attach Business Card HereorIf Submitting Electronically,Denote your Office Web Address |

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Office web address:

**Diagnosis/Diagnoses**:

DSM or ICD Codes:

Date of onset: Date of diagnosis:

Date of client’s last appointment?

How often does the client receive treatment?

What symptoms/challenges continue to impact the clients daily functioning?

What animal is prescribed?

Is an assistance animal a critical element of the current treatment plan you have developed with the resident?

For how long has the animal been a prescribed part of the current treatment plan?

How does/might an assistance animal reduce or alleviate current symptoms and better manage the resident’s disability? Include the relationship or nexus between the client’s disability and the assistance the animal provides.

Using the contact information on page one, print, sign below, and send directly to the Resource Center for Persons with Disabilities.

Date:

Certifying Professional’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature denotes content accuracy, adherence to professional standards and guidelines on page 1 of this document.