

**24-25 ESA Housing Accommodation Request Form**

**for Students with Disabilities**

Students with disabilities that require a specific type of housing assignment to ensure equal access to the housing program may request a housing accommodation through Disability Support Services (DSS). Housing accommodation requests are reviewed by a committee each Spring. For qualified students with documented disabilities whose requests are approved by the committee, DSS determines housing accommodations in consultations with the Office of Residence Life. Housing placements are prioritized based on a student’s disability diagnosis, impact of disability on living situation, and the available housing options on-campus. When possible, the preferences of the students are considered. Please note that late requests will be accepted, however, it is not guaranteed that requests received after the deadline- even if supported by documentation- can be met. Late requests can **ONLY** be accommodated based upon availability.

The Office of Residence Life opens the housing lottery for returning students once the DSS placements are determined and any post-placement requests would require another student to withdraw from housing for additional openings to become available, so these requests will go on a waiting list pending new openings. The same process exists for new incoming first year students in later Spring, however there is no housing lottery. All housing placements are made by Residence Life for first year students and post-placement requests can only be accommodated based on available spaces on campus and if no room meets a student’s documented need, they will have to go on a waiting list pending any housing withdrawals that will allow new spaces to open.

## Directions to Students: All students applying for housing accommodations must first be registered with DSS. If you are not already registered with DSS, the first step is to contact DSS either via email at dss@shu.edu or call 973-313- 6003 to begin the registration process.

* Student must Complete Part I and Sign the Consent for Release of Information.
* Student must provide Part II to disability evaluator or physician.
* *Both parts must be returned to DSS by March 15, 2024 for current students, and May 15, 2024 for new incoming students*.
* *Please submit your student portion of the form, Part I, as soon as you have completed it.* **The provider section must be filled out fully by the provider and must be sent by the provider directly to DSS either via email at** **dss@shu.edu** **OR fax 973-761-9185. Any provider forms that are filled out by the student will not be accepted for review.**
* Please note: housing deposits and housing applications through Residence Life must be received by their deadline in order for accommodation requests to be considered.

# Part I: Student to complete the following: All questions are required. Incomplete forms will not be reviewed, so please check this carefully.

Name (please print clearly or type):

SHU ID#:

Student Cellular #:

SHU Email:

 Status: \_\_\_ Incoming Freshman \_\_\_\_Incoming Transfer \_\_\_\_Returning Undergrad \_\_\_ Graduate Student

Accommodation Request is for: Fall Spring Summer Year:

1. State the nature of your disability for which you are requesting a housing accommodation:
2. Please state requested roommates or suitemates, if applicable:

1. Please order preference of residence halls on campus that you would like to live in. Please note that this is not guaranteed, as certain buildings cannot meet specific accommodation needs depending on availability.

 For Returning Students Only: For Freshman Students Only:

 \_\_\_ Cabrini Hall \_\_\_ Boland Hall (freshman only)

 \_\_\_ Neuman Hall \_\_\_ Aquinas Hall (freshman only)

 \_\_\_ Xavier Hall

 \_\_\_ Serra Hall

 \_\_\_ Turrell Manor (off campus)

 \_\_\_ Ora Manor (off campus)

 Residence Hall Rates <https://www.shu.edu/bursar/tuition-and-fees.cfm#residencerates>.

1. Please **select** your requested accommodation on the line to the left of the accommodation listed and explain any housing accommodation(s) you selected that are related to your disability. Please be very specific. You may select more than one option such as marking both a double room and a room on a lower floor. The committee will not be able to accommodate post-placement changes such as a room on a lower floor if you do not select it during the initial review of your request. If your request is not supported by your documentation, disability, or is not a room combination that we have in our housing inventory, DSS will work with you to meet as many of your documented needs as possible.

 Semi-private bathroom Private bathroom Communal bathroom Single room Double room

 Room within a Suite Strobe light fire alarm Bed-shaker fire alarm Service animal

 Room on a lower floor (no stairs) Wheelchair Accessible Room \_\_\_Emotional support animal

 Other needs than listed:

Explanation of selected accommodations indicated above as related to your disability.

1. Have you had this accommodation at Seton Hall University in the past?
2. Please describe how this accommodation will reduce the impact of your disability in the residence halls.
3. Do you require the use of an elevator? Yes No \_\_\_\_\_\_\_ Sometimes
4. Can you walk up/down stairs? Yes No \_\_\_\_\_\_\_ Sometimes
5. Will you require assistance in an emergency evacuation? Yes\* No

\*If yes, please specify type of assistance needed and DSS will put you on a life safety list to share with Public Safety and senior HRL staff:

1. Will you require audio or visual alarms (i.e. bed shaker, strobe fire alarm) for emergency egress in your individual room? Please answer Yes or No. (Please note that audio/visual alarms are standard in the common areas of the residence halls.) \_\_\_\_\_ Yes \_\_\_\_\_ No
2. Please add any other information you feel is important for us to consider in reviewing your request.

Student Signature: Date:

Please sign the release below and submit the forms to your physician or treating clinician to fill out pages 4-8. All pages must be completed and submitted directly by your provider to dss@shu.edu or via fax 973-761-9185. Any student filled out provider forms will not be reviewed.

**Consent for Release of Information (to be completed by student):**

I authorize \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Print Physician or Provider’s name) to disclose the information

requested by this form to the office of Disability Support Services at Seton Hall University for the purpose of evaluating my request for housing accommodations. I also allow both parties to discuss any information related to my housing accommodation request. I understand that my personal medical information will be shared on a “need to know basis” with other university offices.

Student Signature: Date:

# Physician or Disability Provider Verification

Accommodations are only available to students identified as having a disability and actively under treatment. **A disability is defined under the Americans with Disabilities Act as “a physical or mental impairment that substantially limits one or more major life activities.”** Examples of major life activities are: Major bodily functions, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, working, performing manual tasks, and caring for oneself.

## Please type answers or write clearly. Forms with illegible handwriting will be returned to the student to resubmit.

1. Based on this definition does the individual have a disability? Yes No

Date of original diagnosis: \_\_\_\_

Date of most recent evaluation/treatment session: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the student currently under your care? Yes No

How long have you been treating this student for this condition? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. State the student’s disability diagnosis or diagnoses, including diagnostic code, if applicable.
2. How long has the student had this emotional support animal? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. When did you recommend the student get an emotional support animal? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Please elaborate on why you recommended the student have an emotional support animal living on campus:

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1. Describe the student’s functional limitations or behavioral manifestations caused by the condition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Please describe the type, severity, and frequency of symptoms related to this disability.

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1. What do you foresee as the impact of living in a college residential hall setting without the student’s requested emotional support animal and/or other requested accommodations?

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1. What is the expected duration, stability, or progression of the student’s disability?
2. Please describe current treatments, prosthetic devices, and/or medications student is utilizing for treatment (for instance, frequency and duration of counseling treatment if any for a mental health condition):

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1. Is the disability mediated or well-controlled by medications or other treatments? \_\_\_\_\_\_\_ Yes \_\_\_\_\_\_ No

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1. Is this request medically or clinically necessary, or recommended only to enhance the comfort and convenience of the student? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Medically necessary \_\_\_\_\_\_\_\_\_\_\_\_\_ Recommended only for comfort and convenience.
2. If medically necessary, please explain how the requested accommodation(s) relate to the impact of the condition.
3. Is the impact of the condition life threatening if the request is not met? Yes \_ No
4. Is there a negative health impact that may be permanent if the request is not met? Yes No
5. Is the emotional support animal an integral component of an ongoing treatment plan for the condition in question? \_\_\_\_ Yes \_\_\_\_\_ No

 If yes, please elaborate on how the requested accommodation is an integral component of the treatment plan:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Please describe how the emotional support animal will mitigate the symptoms of the student’s disability:

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1. What is the anticipated impact on academic performance if the request is not met?
2. Have you considered any alternative accommodations that would provide the same benefit to the student other than an emotional support animal (such as single room), if so, please elaborate:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. What is the likely impact on social development, if any, if the request is not met?
2. Is there anything else we should know that we haven’t asked about? If so, please elaborate here.

## As part of our evaluation process of ESA requests we will give you a call to discuss. If you need a signed release from the student to speak to us about their treatment, please discuss it with the student.

## THIS SECTION MUST BE COMPLETED FOR FORM TO BE VALID

Physician or disability evaluator INFORMATION (Please Print legibly and/or use your stamp – if we cannot read this, we will request for it to be completed again.)

Name: Title: Specialty: Office Address: Phone:

License/Certification Number and State of License:

Signature: Date:

Providers must Fax or Email completed form directly to:

DSS, Seton Hall University Email: dss@shu.edu

(973) 313-6003 (p), (973) 761-9185 (fax)

Provider forms cannot be sent by students.

 **SHU Emotional Support Animal Procedure**

Seton Hall University (SHU) recognizes the access needs of all individuals with disabilities and complies with the Rehabilitation Act of 1973 (Section 504), Americans with Disabilities Act of 1990 (ADA) as amended by the ADA Amendments Act of 2008 (ADAAA), and the Fair Housing Act.

SHU is committed to making reasonable modifications to its rules, policies, and practices as required by law to afford people with disabilities an equal opportunity to access its programs, services, and activities.

Students with disabilities who request the assistance of an emotional support animal may request an accommodation through Disability Support Services (DSS). Requests for housing accommodations are reviewed by a committee based upon necessity to ensure equal access to the housing program. Students must receive permission before bringing a support animal to campus.

**Procedures to Request Permission for a Support Animal**

Any student who wishes to bring an emotional support animal to Seton Hall University must register with Disability Support Services and provide documentation from an appropriate medical clinician that the individual is a person with a disability, and that the presence of the animal is a reasonable and appropriate accommodation.

To register with Disability Support Services, a student will need to do the following:

* Complete a Self-Identification form (available at: [https://hayes.accessiblelearning.com/s-SHU/ApplicationStudent.aspx](https://nam12.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhayes.accessiblelearning.com%2Fs-SHU%2FApplicationStudent.aspx&data=05%7C01%7Cgianna.graw1%40shu.edu%7Ca6a9cca6436b4d0630b608db2b1af9cd%7C51f07c2253b744dfb97ca13261d71075%7C1%7C0%7C638151167112330797%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=XzDFXqQBFfGqIKTrSDLwsyEPyBG6w3UdFZf3DDlGbZ8%3D&reserved=0))
* Provide comprehensive information from a licensed professional who can document your disability. Documentation guidelines and verification forms specific to your disability are available at <https://www.shu.edu/disability-support-services/forms.cfm>
* Submit the ESA Housing Accommodation Request Form. Consideration of requests after the deadline may be limited by available resources.
* Submit a record of vaccinations from a licensed veterinarian dated within the last calendar year. Proof of vaccinations must be provided on an annual basis. If an animal does not require vaccinations, a letter of good health from a veterinarian is required.
* Meet with a DSS staff member for an intake appointment.
* Students will receive written notification of a decision through their university email account.
* If needed, DSS will request a signed ESA agreement by roommates/suitemates. DSS will let you know if this is required.

**Responsibility of Persons with Emotional Support Animals**

**Care and Supervision**: Care and supervision of the animal are the responsibility of the individual who benefits from the animal’s use (ie., the partner). The partner must commit to providing proper care of the animal, which includes feeding, fresh water, exercise, and rest. The partner is required to always maintain control of the animal. The animal must be on a leash, harness, or other tether when in public places, unless doing so would inhibit the animal’s ability to be of service. The partner is also responsible for maintaining a clean-living environment for the animal, ensuring the cleanup of the animal’s waste and, when appropriate, must toilet the animal in areas designed by the University. Owners of emotional support animals are responsible for their care in the residence halls at all times. If at any point, the owner cannot care for the animal, as in the case of illness or hospitalization, a local emergency contact must be on file with Disability Support Services and the Office of Residence Life, so the animal can be released to the care of the designated party.

**Waste Clean-up**: Relief areas will be designated on an individual basis with the collaboration of Disability Support Services and the University grounds personnel. Cleaning up after the animal is the sole responsibility of the partner. If a partner is not physically able to clean up after the animal, it is then the responsibility of the partner to hire someone capable of cleaning up after the animal. The person cleaning up after the animal should always carry supplies sufficient to clean up the animal’s feces whenever the animal is on campus and properly dispose of waste. Waste disposal via university plumbing is prohibited in university residences. DSS or RL can provide guidance on where to appropriately dispose of animal waste. In the case of a support animal that deposits waste into a designated cage or litter box, the partner is responsible for ensuring the designated receptacle is kept clean to maintain the cleanliness of the room.

**Health and Vaccination:** In accordance with local ordinances and regulations, the animal must be immunized against diseases common to that type of animal. For example, dogs must have current vaccination against rabies and distemper. Cats must have the normal shots required for licensure. Animals other than cats and dogs, living in university housing must have an annual clean bill of health from a licensed veterinarian. Documentation can be a health statement that includes a record of vaccinations from a licensed veterinarian dated within the last calendar year. Proof of vaccinations must be provided on an annual basis. The animal must be kept clean and free of fleas and other parasites. The University has the authority to direct that the animal receives veterinary attention to ensure the health or safety of others residing within the University community.

**Licensing**: All Licensing laws must be followed in accordance with the town in which the student maintains permanent residency. If the animal is not licensed in the state of New Jersey, the owner must apply for a license within the municipality in which he/she resides on-campus. Animals must wear licensing tags required by the municipality in which it is registered.

**Damage**: Owners of service or emotional support animals are solely responsible for any injury to others or damage to university property caused by their animals. SHU will not require any surcharges or fees for assistance animals. However, a person with a disability may be charged for damage caused by an assistance animal to the same extent that SHU would normally charge a person for the damage they cause. People with disabilities who are accompanied by assistance animals must comply with the same university rules regarding noise, safety, disruption, and cleanliness as people without disabilities.

**Restrictions to Emotional Support Animals**

SHU may pose some restrictions on, and may even exclude, an assistance animal in certain instances. Emotional support animals may reside in university housing and accompany their partner in all public or common use areas of University Housing, such as lobbies and lounges, when it may be necessary to afford the person with a disability an equal opportunity to use and enjoy University housing. Permission to have a support animal in University Housing does not extend to other campus facilities or campus grounds at large. Exceptions to restricted areas may be considered by DSS on a case-by-case basis consistent with applicable laws.

**Removal of Emotional Support Animals**

It is SHU’s policy that partners are responsible for ensuring that their emotional support animal refrains from behavior that threatens the health and safety of others. The University may exclude an animal from campus for the following reasons:

* it is unruly, disruptive, or demonstrating aggressive behavior (e.g. barking, growling, jumping up on people) and effective action is not taken to control it;
* it is destructive;
* it is not housebroken (or in the case of a support animal that deposits waste into a designated cage or litter box, the owner fails to clean the designated receptacle such that the cleanliness of the room is not maintained);
* evidence of illness or poor hygiene, including but not limited to, strong odor, fleas, ticks, or other parasites;
* It poses a direct threat to the health or safety of others that cannot be mitigated by reasonable modifications of policies, practices, procedures, or the prevision of auxiliary aids or services.
* The handler violates this agreement.

In considering whether an assistance animal poses a direct threat to the health or safety of others, SHU will make an individualized assessment, based on reasonable judgment, current medical knowledge, or the best available objective evidence, to determine: (1) the nature, duration, and severity of the risk; (2) the probability that the potential injury will actually occur; and (3) whether reasonable modifications of policies, practices, and procedures, or the provision of auxiliary aids or services, will mitigate the risk.

If removal of an emotional support animal is determined to be necessary, the University will work with the partner to determine reasonable alternative opportunities to participate in the service, program, or activity without having the assistance animal on campus.

**Conflicting Disabilities**

Residence Life personnel will make a reasonable effort to notify tenants in the residence room where the animal will be located of the existence of a support animal. Students with medical or psychiatric conditions that are affected by animals (i.e., respiratory diseases, asthma, severe allergies, or specific phobias) are asked to contact Disability Support Services if they have a health or safety related concern about exposure to an emotional support animal. The individual will be asked to provide medical documentation that identifies the condition(s) and will allow determination to be made as to whether the condition is disabling and whether there is a need for an accommodation. If an animal-related conflict within a residence hall cannot be resolved agreeably, then the Department of Residence Life and Disability Support Services will collaborate to determine a solution and will consider the conflicting needs and/or accommodations of all persons involved.

**Appeal Procedure**

Appeals concerning this policy may be addressed through Disability Support Services Appeal Policy and Procedure.

I (Partner’s Name), , understand that I have been given permission to bring a to Seton Hall University Housing as a reasonable accommodation that has been approved by Disability Support Services. My signature below indicates that I have had the opportunity to review this policy and that I agree to abide by all regulations.

Name of Animal (Required: Photo must be included)

Student’s Name Printed CWID

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

Local Emergency Contact for my support animal:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Relationship to you

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone Number Cell Phone Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email