

## BRENAU UNIVERSITY POLICIES AND PROCEDURES

**Policy Subject: Emotional Support Animals (ESA) or Therapy Animals (Assistive Animals)  
Request for Housing Accommodation Policy and Procedures**

**Policy Number: AA-ACS-100-02**

**Related Policies: SS-RL-700-42, AA-ACS-100-01**

Though Brenau University (the University) prohibits animals in its residential units, the University will consider reasonable accommodations under the Fair Housing Act, Section 504, for individuals with documented disabilities allowing for the presence of an emotional support animal or therapy animal (assistive animal) in a University residential unit “when its use may be necessary to afford a person with disabilities an equal opportunity to use and enjoy a dwelling, common areas of a dwelling, or participate in, or benefit from, any housing program”. The Fair Housing Act, Section 504 states that “there must be a relationship, or nexus, between the individual’s disability and the assistance the animal provides”.

An **assistive animal** is defined as an animal whose sole function is to provide emotional support, comfort, therapy, companionship, therapeutic benefits, and promotes emotional well-being. Requests to have an assistive animal in campus housing are considered requests for accommodation and will be reviewed on an individual basis. Individuals making such requests must establish that they experience a documented disability, and must also establish via **documentation from the current, licensed treating health care/mental health provider**, that the assistive animal is providing essential therapeutic benefit in a **current, ongoing therapeutic treatment plan** related to the individual's documented disability. Brenau University counselors affiliated with the Center for Health and Wellbeing are **not** able to provide ESA related documentation or recommendations as the scope of their practice is to provide crisis intervention and short-term counseling, then provide referrals to ongoing long-term mental health providers outside of the university, as needed.

**The individual must be affiliated with the university on a full-time, residential basis in order to be considered for assistive animal housing accommodations.** The University cannot provide assistive animal accommodations for individuals temporarily residing in University housing for short term (one month or less) stays, i.e. summer camps, weekend programs, or visitors/guests, etc.

**A tenant may qualify for an assistive animal reasonable accommodation housing accommodation if:**

- The individual requesting an accommodation has a **documented disability** verified by the University Office of Accessibility Services (students) or Human Resources (faculty/staff).
- The Assistive Animal is **prescribed** to an individual with a disability that is documented by a licensed healthcare or mental health professional, and the **assistive animal is currently an integral part of that person’s ongoing treatment process to assist in alleviating the symptoms of the individual’s disability.**
- Most healthcare professionals do not approve written prescriptions for assistive animals to persons who are not in an **ongoing therapeutic relationship.**
- **The absence of therapy is considered a request for a pet; pets are not allowed in residential units according to University policy.** Tenants are only eligible for an exception to this policy if the animal is used as a tool of therapy. There must be evidence of a current, ongoing therapeutic relationship.
- **It is important to note that assistive animals have no specific training and are not service animals as defined by the Americans with Disabilities Act.** Unlike service animals, emotional support/assistive animals do not directly assist humans with tasks/activities of daily living; thus there is no legal requirement allowing individuals to have assistive animals (ESAs) accompany them in spaces outside of the tenant’s residence.

- **Due to their nature as a housing accommodation only, ESAs or assistive animals will not be permitted in University food service areas, classrooms or laboratories, libraries or any other indoor areas outside the tenant's residential unit.**

The University is committed to providing reasonable accommodations in university housing for tenants with a documented disability; the University reserves the right to request additional clarification or documentation to facilitate the approval process of the requested accommodation.

### **Request and Application Procedure:**

1. Individuals may contact the Office of Accessibility Service with questions or for assistance with the application and request process: [accommodations@brenau.edu](mailto:accommodations@brenau.edu) or 770-534-6134. Tenants requesting an accommodation to allow for the provision of an assistive/emotional support animal in a residential unit where animals are normally prohibited, **must make a request via submission of the *Request for Housing Accommodation Form (form follows this policy)* at least four weeks prior to the beginning of classes for the term during which he/she anticipates moving into University housing.** If the accommodation is verified and granted after the semester has started, a timeline will be established by the Director of Residence Life in order to allow sufficient time to arrange for appropriate housing in accordance with the newly approved ESA accommodation.
2. In addition to the required forms following this policy, **tenants must also provide a picture of the animal, proof of current rabies vaccination, spay/neuter certificate and proof of current flea prevention treatment.**
3. Tenants must also complete and **sign the *Verification Form for Housing Accommodation and submit it to their healthcare provider (form follows this policy)*** in order to allow the release of documentation from their licensed health care/mental health provider currently providing care to verify 1) the existence of the disability and 2) the relationship, or nexus, between the individual's disability and the assistance the Assistive Animal provides. The tenant must submit this form to his/her current health care/mental health provider and follow up on the timely return of this form to the University Office of Accessibility Services. The tenant is responsible for ensuring this form is submitted to the university for review.
4. Both the ***Verification Form for Housing Accommodation(s)* and the *Request for Housing Accommodation Form* must be submitted to the University Office of Accessibility Services in order for the accommodation consideration process to begin.** Forms cannot be processed until all required documentation is received. Incomplete applications will be held on file by the Director and processed once all required documentation is received.
5. The **Director of Accessibility Services will evaluate and adjudicate the initial request for accommodation.** If approved, the Disability Compliance Officer will sign the approved application. If denied, the University Disability Compliance Officer will hear, and make final decisions, on subsequent appeals.
6. If approving the request for accommodation, the Director of Accessibility Services will notify tenant, Disability Compliance Officer, Director of Residence Life, Dean of Student Life and Leadership, and the Vice President for Student Development and Engagement, and the Director of Security in writing via email (utilizing page 2 of the *Request for Housing Accommodation Form*), as to the conditions and duration of the accommodation(s). **No Animal may enter a residential unit until written approval from the Director of Accessibility Services has been secured.**
7. If an accommodation is not approved, the Director of Accessibility Services will notify the tenant, Disability Compliance Officer, Director of Residence Life, Dean of Student Life and Leadership, and the Vice President for Student Development and Engagement, Director of Security in writing (utilizing page 2 of the *Request for Housing Accommodation Form*) within ten (10) days of the receipt of all required documents necessary for the determination to be completed. Appeals of the decision may be addressed to the University Disability Compliance Officer.
8. **Tenants receiving an accommodation will be subject to all University housing rules and regulations and terms of the Housing Contract, as well as those University policies pertaining specifically to Service Animals and Emotional Support/Therapy Animals/Assistive Animals.** Residence Life staff will communicate such policies in writing to the student upon placement in a University residential unit.

**\*Tenants must meet with the Director of Residence Life and acknowledge understanding of all policies and procedures before moving the animal into their residence.**

**Procedures for Approved ESAs or Assistive Animals:**

9. A tenant receiving this housing accommodation should expect that **the accommodation will be subject to review each academic year.** Requests may be made by the Office of Accessibility Services for updated information from the healthcare/mental health professional regarding the current status of the therapeutic relationship and the necessity for continued accommodation(s). The tenant will be notified as to the disposition of the accommodation should changes occur.
10. **The Director of Residence Life and staff/RAs reserve the right to check the residence regularly** to document that the animal is properly cared for and that the residence is maintained in sanitary condition with no property damage. Repairs required due to property damage caused by an ESA/assistive animal will be billed to the tenant. Students are required to meet with the Director of Residence Life to review and sign the housing policy and expectation of hosting and maintaining the animal on Brenau property. Note: Student conduct infractions are the responsibility of the Director of Residence Life and subject to the rules and requirements of Brenau's housing policies.
11. **The animal should never be left unattended for multiple days** while the tenant is away from their residence.
12. **Tenants are expected to take their animals with them if they travel or go home** for weekends, breaks, stay off campus with friends for multiple days or will otherwise not be present to provide proper care for the animal for multiple (2 or more) days.
13. **If a tenant will be away from campus due to a required athletic or academic event or there is an emergency situation (such as a tenant being in the hospital), the tenant should notify their RA and the Director of Residence Life** immediately via email and phone with as much notice as possible in order to make a plan for proper care for the animal while they are temporarily unable to do so. Tenants may be required to board animals (at cost to the tenant) if an appropriate pet-sitter who is willing to sign a temporary pet-sitting contract to be kept on file with the RA and Director of Residence Life is not identified by the tenant.
14. **Animals which are neglected/abused, have been abandoned or who exhibit aggressive behavior towards students or staff will be subject to removal from the residence immediately by Hall County Animal Control.**
15. All assistance animals are required to be **under the control/supervision of their owners at all times.** All dogs must be on a leash when taken outside of the tenant's room for walks and the tenant must abide by all local leash laws.

## Brenau University Request for Housing Accommodation(s) Form

The *Request for Housing Accommodation(s) Form* must be **completed by the tenant** requesting an Emotional Support Animal accommodation to existing residential policies due to the existence of a documented disability. Requests for accommodation(s) will not be processed until the *Request for Housing Accommodation(s)* is completed by the tenant and submitted to the University Office of Accessibility Services and the *Verification Form for Housing Accommodation(s)* is completed by a licensed, qualified clinical professional or health care provider and returned to the Office of Accessibility Services:

Return this completed form to:

**Office of Accessibility Services**

**ATTN: Director**

**Brenau University**

**Confidential Email:** accommodations@brenau.edu

**Fax:** 770-297-5883

**Mail:** Brenau University Box 27

500 Washington St. SE

Gainesville, GA 30501

Phone: 770-534-6134

### To Be Completed By the Tenant:

Tenant Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Student/Employee ID#: \_\_\_\_\_ Brenau Email: \_\_\_\_\_

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

Campus Residence Building and Room Number : \_\_\_\_\_

Residence Type (circle preference or placement for upcoming term): Residence Hall or Sorority House or  
University owned apartment

I will be entering/returning to Brenau University in the following term: \_\_\_\_\_ 20\_\_\_\_  
(month) (year)

Requested Accommodation to residential policy:

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By my signature I affirm that all personal statements and documents that I am submitting in support of my application are true and correct. I understand that falsifying or misrepresenting facts or information may result in disciplinary action. I authorize the Director of Accessibility Services and the University Disability Compliance Officer to release disability related information to the Student Services Department (Human Resources, if an employee) and the Division of Residence Life pertaining to my request for housing accommodation(s).

Tenant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### TO BE COMPLETED BY DIRECTOR OF ACCESSIBILITY SERVICES:

Accommodation request made by: (Tenant's name) \_\_\_\_\_

Date of receipt of *Request for Housing Accommodation(s) Form*: \_\_\_\_\_

Date of receipt of *Verification Form for Housing Accommodations* from health care provider: \_\_\_\_\_

Specifics of the recommended accommodation or basis of recommendation for denial:

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**Expiration date of specified accommodation(s): \_\_\_\_\_ (tenant must submit updated documentation of ongoing therapy and need by this date to apply for renewal)**

Accommodation Approved or Denied (**circle one**) by:

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**Signature: Director of Accessibility Services** **Date**

Accommodation Approved or Denied (**circle one**) by:

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**Signature: University Disability Compliance Officer** **Date**

Upon signing, the University Disability Compliance Officer will return this document to the Office of Accessibility Services via email. If approved, the Office of Accessibility Services will notify the applicant, Director of Residence Life, Dean of Student Life and Leadership, the VP for Student Development and Engagement, Human Resources (if an employee) and the Director of Security of approval via email and add the ESA to the list of approved assistance animals. The Director of Residence Life will then contact the tenant to schedule a meeting to provide for any necessary accommodation information and go over the housing contract and ESA procedures prior to the tenant moving the animal into the residence hall. If denied, Accessibility Services will notify the applicant via email. The University Disability Compliance Officer will address any appeals.

**Providers, please return this document to your patient for self-submission or return directly to:  
Brenau University Office of Accessibility Services  
ATTN: Director  
500 Washington St. Gainesville, GA 30501  
Email: [accommodations@brenau.edu](mailto:accommodations@brenau.edu)  
Phone: 770-534-6134 Fax: 770-297-5883**

## Verification Form for Housing Accommodations

### To be completed by the tenant:

**Tenant's Name:** \_\_\_\_\_ **Student/Employee ID#:** \_\_\_\_\_

**Release of Information:** I authorize Brenau University's Director of Accessibility Services and the University Disability Compliance Officer to discuss my condition(s) and accommodations recommendations with my healthcare provider. I also authorize my provider to discuss my condition(s) with the Director of Accessibility Services and/or the University Disability Compliance Officer.

**Tenant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **TO BE COMPLETED BY THE TENANT'S TREATING MENTAL HEALTHCARE PROVIDER:**

*All documentation submitted to the Office of Accessibility Services is considered confidential.* In order to determine reasonable accommodations for on-campus housing, Brenau University requires current and comprehensive documentation of the individual's condition from their treating licensed mental health provider. The provider completing this form must have first-hand and current knowledge of the individual's condition and not be a family member of the individual. The Brenau university campus counselor cannot complete this form as the scope of their practice is short-term in nature. This form should be completed by the mental health professional who is engaging in ongoing therapy with the individual. The University does not provide accommodations for persons whose impairments do not substantially limit one or more major life functions. If the space provided is not adequate, please attach a separate sheet of paper. The provider may also attach a report on professional letterhead providing additional related information.

Date of Initial Contact with Patient: \_\_\_\_\_

Date of Last Office Visit with Patient: \_\_\_\_\_

Years of experience working with this Patient: \_\_\_\_\_

**Diagnosis:** Please list all relevant psychological diagnoses. If applicable, please list all DSM-V or ICD Diagnoses (dx and codes): \_\_\_\_\_

Approximate onset of diagnosis: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Severity of symptoms: \_\_\_ Mild \_\_\_ Moderate \_\_\_ Severe

Prognosis of disorder \_\_\_ Chronic \_\_\_ Fair \_\_\_ Good

Describe the symptoms related to the patient's condition that cause *significant* impairment in a major life activity:

Please state the specific recommendations regarding housing, and a rationale as to why these housing

needs are warranted based upon the patient's disability. Indicate why the change(s) to the housing environment you recommend are necessary as part of the current treatment plan:

**Provider Information**

I certify, by my signature below, that I conducted or formally supervised and co-signed the diagnostic assessment of the patient named above.

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

Print Name and Title:

\_\_\_\_\_ State of License:

\_\_\_\_\_ License Number: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Attach Provider Business Card Here:**

**Brenau University Animal Registration and Information Acknowledgement Form**  
**Service Animals and Assistive (ESA) Animals**

**This form must be completed by the student/employee** and submitted **prior** to a Service or Assistive Animal being admitted to University housing or in the case of a Service Animal, accompanying a student/employee in other University facilities. If the Animal Owner/Handler/Partner is a student, the form is to be submitted to the Office of Accessibility Services. If the Owner/Handler/Partner is an employee, submit this form to the Human Resources Office.

**Student or Employee Name and ID #:** \_\_\_\_\_

**Animal Owner/Handler/Partner is: (circle one)** Student    Employee    Other

**Animal is: (Check one)**

\_\_\_\_ Service Animal (Please attach documentation of the animal's completed training from one of [Georgia state](#) approved agencies or equivalent agency if from out of state.)

\_\_\_\_ Service Animal in training (please attach documentation of enrollment in service animal training program from one of the [Georgia state](#) approved agencies or equivalent agency if from another state.)

\_\_\_\_ Emotional Support Animal (ESA) or Assistive/Therapy Animal (must be approved by the University Disability Compliance Officer and only permitted in the student's on campus residence as a housing accommodation)

**Animal species and breed:** \_\_\_\_\_ **(Please attach a photograph)**

**Animal's Name:** \_\_\_\_\_

**Most Recent Rabies Vaccination Date: (Record must be attached)** \_\_\_\_\_

Spayed or Neutered Date (if applicable): \_\_\_\_\_

Flea prevention method(s) used: \_\_\_\_\_

**I acknowledge having read all policies applicable to this animal's presence on the grounds/facilities of Brenau University and agree to maintain control and supervision of the animal at all times and abide by the terms and conditions outlined therein, including accepting responsibility for any charges incurred as a result of damage caused by the aforementioned animal.**

\_\_\_\_\_  
**Signature of Owner/Handler/Partner**

\_\_\_\_\_  
**Date**

**University Housing Address, if living on campus or Local Address, if living off campus:**

\_\_\_\_\_  
**Cell Phone or Local Phone #** \_\_\_\_\_

\_\_\_\_\_  
(Title) \_\_\_\_\_  
**Signature of Director of Accessibility Services (if Animal's Owner/Handler/Partner is a student) OR**  
**Signature of Human Resources Director (if Animal's Owner/Handler/Partner is an employee)**

**Date of Signature:** \_\_\_\_\_ **An annual update of this form is required by:** \_\_\_\_\_

**The Director of Accessibility Services (or HR if an employee) Should Email this Signed Form to the student/employee and CC to:** Univ. Disability Compliance Officer, Director of Campus Security, VPSDE, VP for Academic Affairs, Director of Residence Life, Dean of Student Life and Leadership, Director of Dining Services/Aramark, Director of Library Services.