Instructions for Requesting an Assistance Animal in On-Campus Housing

An assistance animal is one that is necessary to enable the resident with a disability an equal opportunity to use and enjoy on-campus housing. An assistance animal may provide physical assistance, emotional support, stability, and other types of assistance. Assistance animals do not perform work or tasks that would qualify the animal as a “service animal” under the Americans with Disabilities Act (ADA). Assistance animals that are not service animals under the ADA may be permitted, in certain circumstances, in on-campus housing pursuant to the Fair Housing Act (FHA).

A Northwestern State University on-campus resident may be eligible to bring an assistance animal into their residence if the Office of Accessibility and Disability Support (OADS) determines that the requested assistance animal is necessary for the resident with a disability to have equal access to housing. In order for OADS to make this determination:

**Completed applications with all required documentation MUST be received a minimum of 30 days prior to the start of the semester requested. Applications received after the deadline will be considered for the following semester.**

1. The resident requesting an assistance animal (ESA) must apply for disability services at https://www.nsula.edu/disabilitysupport/
2. The resident requesting an assistance animal (ESA) must provide documentation of his or her disability to OADS. The documentation must be specific to the student’s housing accommodation request. The Assistance Animal Housing Request Form must be completed annually by the student’s psychiatrist, psychologist, licensed social worker, or relevantly trained M.D. or mental health provider.
3. The resident requesting an assistance animal (ESA) and roommates/suitmates (if applicable) must complete the Service/Assistance Animal Registration Form annually.
4. The resident requesting an assistance animal (ESA) must provide documentation from a veterinarian including proof of current vaccinations, proof that the animal has been spayed/neutered (if applicable) and certified letter of good health.

Residents approved by OADS for an assistance animal (ESA) in their on-campus residence must comply with the NSULA Service and Emotional/Assistance Animal Policy.

**Assistance animals (ESAs) are approved for the student’s on-campus residence only and are NOT allowed in other buildings on NSULA campus.**

Assistance animals must wear their Student ID at all times that they are not in the housing facility they are assigned to. You must be able to provide their Student ID upon request.

Allowing an assistance animal (ESA) to stay in on-campus housing prior to acquiring permission from NSULA may result in the loss of privileges related to having an emotional support animal in the future.

Emotional distress resulting from having to give up an animal because of a “no pets” policy does not qualify a person for an accommodation under federal law.
Assistance Animal Housing Request - Medical Form

Student Name: ________________________________ Date: __________________________

Please Print

Student ID: ____________________________ Phone #: __________________________

Move in date: __________________________

Student requests permission to bring assistance animal into on-campus housing for the following term:

_____ Fall  _____ Winter  _____ Spring  _____ Summer

Year: __________________

This form must be filled out annually by the student’s psychiatrist, psychologist, licensed social worker, or relevantly trained M.D. or mental health provider. Please answer the questions as thoroughly as possible.

Federal laws define a person with a disability as, “any person who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such an impairment.”

1. Does the student listed above have a physical or mental impairment that substantially limits one or more major life activity including, but not limited to: caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working?

_____ Yes  _____ No

Diagnosis (DSM-V): ____________________________________________________________

Date of diagnosis: _____________________________________________________________

Date first seen: ______________________________________________________________

Number of visits: _____________________________________________________________

Additional notes:
2. Is the proposed assistance animal (ESA) specifically prescribed by you as part of treatment? If yes, what are the disability symptoms that will be reduced by the student having the assistance animal (ESA) in their campus housing with them?

_____ Yes  _____No

3. What evidence exists that the proposed assistance animal (ESA) has helped reduce the impact of the student’s disability in the living environment (currently or in the past)?

4. In your professional opinion, is the assistance animal (ESA) necessary in order for the above named student to have the same opportunity that a student without a disability has to use and enjoy their residence?

_____ Yes  _____No

5. In your professional opinion, is the assistance animal (ESA) necessary for the student to alleviate one or more of the identified symptoms or the effects of the student’s existing disability? What would the impact(s) be, in terms of disability symptoms, that may result if the assistance animal (ESA) is not allowed?

_____ Yes  _____No
6. Is there a different/another accommodation that could be provided in the living environment to meet this student’s needs? If yes, please describe below.

_____ Yes  _____ No

7. Please describe the animal that is being prescribed to the student (please be specific, the breed and/or type of animal).

8. Additional notes:

Evaluator Information:

Name:______________________________________________________________
  Please Print

Signature:__________________________________________________________

Date:______________________________________________________________

License or Certificate:_____________________________________________

Phone #:__________________________________________________________
SERVICE/ASSISTANCE ANIMAL REGISTRATION FORM

THIS FORM MUST BE COMPLETED EACH ACADEMIC YEAR THE ANIMAL IS ON CAMPUS. PROOF OF CURRENT VACCINATIONS, PROOF THAT THE ANIMAL HAS BEEN SPAYED/NEUTERED (IF APPLICABLE) AND CERTIFIED LETTER OF GOOD HEALTH MUST BE SUBMITTED WITH THIS FORM.

Student Name (Animal Owner)__________________________________________

Student ID#__________________________________________ Date:________________________

Name of Residence Hall Room or
Or Apartment Building:__________________________ Apartment #________________

Description of the Service/Assistance Animal:__________________________________________

I have received a copy of the Service & Emotional Support/Assistance Animal Owner Responsibilities and understand that failure to comply with any of those responsibilities may result in consequences determined by the Judicial Review Board, the Behavioral Standards Committee and/or the removal of the animal and the owner of the animal from campus housing. By signing this form, I understand documentation submitted to the Office of Accessibility and Disability Support may be shared with Campus Living Villages to approve my emotional support animal.

Animal Owner Signature ____________________________________________

Please provide the Name & Phone# of a non-student responsible for removal of the animal in case of emergency.

Name:__________________________________________ Phone:__________________________
Service & Emotional Support/Assistance Animal Owner Responsibilities

The Owner of the Service/Assistance Animal is expected to accept the following responsibilities*:

- Students receiving this accommodation are limited to one (1) animal.
- Students receiving this accommodation must be the owner of the approved animal.
- All approved animals living on campus are required to have a campus ID.
- Owner must show animal campus ID upon request of any university employee.
- The animal must be caged or crated when being left alone for any period of time.
- Owner must comply with applicable local, state, and federal laws concerning the ownership of an animal. City of Natchitoches animal ordinances may be found at https://library.municode.com/la/natchitoches/codes/code_of_ordinances?nodeId=PTIICOOR_CH6ANFO
- The Owner, not the university or another student/resident, is responsible for the care and conduct of the animal.
- Animals must be kept clean, healthy and under the control of the owner at all times. This means that all animals are to be on a leash, harness, or within a carrier device at all times when outside of the designated living quarters (the residents assigned room).
- All required immunizations must be up to date and a copy of the immunizations must be on file with OADS.
- Animals residing on-campus must be spayed or neutered prior to being brought to campus.
- Animals must wear a collar with appropriate tags (i.e. vaccinations, contact information) at all times.
- Animals must possess friendly and sociable characteristics. Some specific animals can be restricted from the premises by the Director of Residential Life based on any confirmed or territorial behavior.
- Animals must not pose a direct threat to the safety of others.
- The owner is responsible for prompt clean up and disposal of the animal’s waste.
- The animals waste must be taken to an appropriate residence hall or apartment dumpster.
- No waste is to be disposed of in any trash receptacle inside any building, or through any sewer system inside each building (sinks and toilets). Outside dumpsters should be used.
- Animals must sleep in the owner’s room or apartment. NSULA can inspect the residence on a regular basis to determine if there is infestation or other damages to the property.
- Animals must not be disruptive to other students including:
  - Excessive Noise.
  - Other behaviors that may be disruptive (including digging, howling, whining, etc.).
- NSULA is not responsible for an animal during a fire alarm, fire drill, or natural disaster/building emergency.
- An animal cannot be left alone for more than 12 hours. The owner is responsible for finding appropriate accommodations for the animal when they will be leaving for a period of more than 12 hours.
- The owner is responsible for any bodily injury or damage caused by the animal to any individual and is also responsible for the subsequent charges.
- The owner must notify the Residence Life Office and the Director of Accessibility and Disability Support, in writing, when the animal is no longer needed in the residence.
- If the owner is seeking to replace an animal with another, the student must file a new request and documentation with the Department of Residential Life.
- Approvals are only good for the academic year in which the approval is made. A new request must be filed prior to the beginning of each subsequent academic year.
- It is the owner’s responsibility to keep a dog or cat on flea and tick control. The owner will be responsible for the cost of eliminating any pest infestation as a result of the animal. The university will contract an appropriate pest control company and bill the student directly if there is a problem.
- When a student and/or animal vacate the apartment at the end of their contract period, the university will inspect and clean the unit. The owner will be billed appropriate cleaning charges.

*Failure to comply with any of the above policies may result in consequences determined by Northwestern State University appointed personnel.
CONSENT TO RELEASE

I, ____________________________________________________________(student/incoming student), understand that the information contained in my record is confidential. However, I give my consent for

Accessibility and Disability Support

to release to ________________________________________________________(parent, guardian, other)

the following specific information: DISABILITY AND ACADEMIC

The above-listed information is to be disclosed for the specific purpose of

ACCOMMODATIONS and UNIVERSITY SUPPORTS.

This consent is subject to written revocation OR cancellation signature at any time except to the extent that action has already been taken upon this consent. All releases are done on roughly an annual basis regardless of any date changes to the form with all releases expiring at the end of the upcoming academic year.

______________________________
Signature of Student/Client

______________________________
NSU ID#

______________________________
Date

Be sure to list a date if you desire to cancel consent to release information to the specified person(s) above. If you would like for information to continue being released to the above listed person(s) you do not need to sign or select a date to cancel the consent to release.

______________________________
Date

______________________________
Signature of Student/Client
STATE OF LOUISIANA
VOTER REGISTRATION AGENCIES
DECLARATION FORM

If you are not registered to vote where you live now, would you like to apply to register to vote here today? (Check one)

[  ] I want to register to vote.  [  ] I do not want to register to vote.

IF YOU DO NOT CHECK EITHER BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency. Voter eligibility requirements are found on the voter registration application form.

Note: If you do register to vote, the location where your application was submitted will remain confidential. If you decline to register to vote, this fact will remain confidential. Applying to register or declining to register to vote will be used only for voter registration purposes.

If you would like help in filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private. (Check one)

[  ] Yes, I would like help.  [  ] No, I do not want help.

For assistance in completing the voter registration application form outside our office, contact NSU Office of Accessibility and Disability Support at 318-357-4406.

If completed outside our office, this declaration form and your completed voter registration application form (if you filled one out) should be returned to Office of Accessibility and Disability Support located in 234 Friedman Student Union or may be mailed to NSU Box 5251 Natchitoches, LA 71497.

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<th>Signature or Mark</th>
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Signatures of Two Witnesses If Signed With Mark:

1) ____________________________________________  2) ____________________________________________

COMPLAINTS

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the Louisiana Secretary of State, Commissioner of Elections, P.O. Box 94125, Baton Rouge, LA 70804-9125 or by calling (225)922-0900 or 1-800-883-2805.

Comments/Remarks (for official use only):