

Disability Services

Steps for Emotional Support Animal Request

Below are the steps you will follow to complete the ESA request process with Weatherford College Disability Services and Student Housing.

Step 1: Student completes the **Office of Disabilities Application for Services and the Housing Accommodation Request Form**.

Step 2: Student and Medical Provider complete the **Disability Services Verification Form for Housing Accommodations**.

Step 3: Student and Veterinarian complete the **Emotional Support Animal Registration Form**.

Step 4: Return all documents to Disability Services in one of the following ways:

- In person to Student Services, upper floor room 118
- Via scanned PDFs to accommodations@wc.edu
- Via mail to
225 College Park Dr.
Weatherford TX 76086
ATTN: Disability Services.

****Emailed screenshots are not accepted****

Step 5: Student and Student Housing will be notified (via email) of approval or denial. If approved, a meeting will be set up to review and sign the **ESA Policy and Procedures** and **ESA Animal Housing Assignment**.

Step 6: Student Housing will contact roommates for completion and submission of **ESA Animal Roommate Notification Form**.

Step 7: Once all documentation has been submitted and roommate consent issues (if any) are resolved, Student Housing will notify student via email the process has been completed and animal is registered and may be brought to campus at that time.

For Office Use Only

Date Received: _____

Staff Receiving: _____

Housing Notified: _____

Review and Sign Policy and Procedures: _____ Yes _____ No

Approved ESA email sent: _____

Denied ESA email sent: _____

Office of Disabilities Application for Services

Year Applying: _____ Current Semester: Fall Spring Summer I Summer IICampus: Weatherford Wise CountyStudent Status: First time in college student Transfer student Attended before

Student Information

First Name: _____ MI: _____ Last: _____

WC Email: _____@wcstudents.wc.edu Phone Number: _____

Date of Birth: _____ Gender: M F Student ID: _____

Address Street: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Emergency Contact Person: _____ Relationship: _____

Phone: _____ Address: _____

Disability Information (Check all that apply to you)

- | | |
|---|--|
| <input type="checkbox"/> Blind/Visual Impairment | <input type="checkbox"/> Deaf/Hard of Hearing |
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Speech Impairment |
| <input type="checkbox"/> Mental Health/Psychological/Psychiatric | <input type="checkbox"/> Chronic/Medical Illness |
| <input type="checkbox"/> Mobility Impairment | <input type="checkbox"/> Neurological/Neurodevelopment (Autism Spectrum) |
| <input type="checkbox"/> Attention Deficit Disorder (ADD)/Attention Deficit Hyperactivity Disorder (ADHD) | |
| <input type="checkbox"/> Other: <i>Please specify</i> | |

Please describe your disability and how it affects you in the classroom, as well as in your daily living activities:

Do you use assistive technology devices? Yes No If yes, please list the type of device and who supplied you with the device.

Academic InformationType of High School: Public Private GED Other

Name of Graduating High School: _____

College degree plan you are seeking: *(Please choose one)* Certificate Associate of Applied Science (AAS) Associate of Arts (AA) Associate of Science (AS)**Agency Information**Do you receive services through any of the following: *(Check all that apply to you)* Veteran's Administration Vocational Rehab through TWC Division of Blind Services (DBS) Other: *Please specify* _____

Provide the name of your counselor with any of the above: _____

Phone Number: _____ Address: _____

Assurances *Please check each statement in agreement with the policies and procedures of the Office of Disabilities* This application and documentation of my disability must be submitted to the Office of Disabilities in order to process my Request for Accommodations. Once received, the office will review the information and meet with me to discuss services for which I am eligible. The information submitted to the Office of Disabilities is confidential. The information submitted to the Office of Disabilities WILL NOT be placed in my academic records._____
Student Signature_____
Date**Office Use Only**

Date Received: _____ Staff Receiving: _____

 Approved Denied—*please explain*

Housing Accommodation Request Form

DATE: _____ HOUSING UNIT: Coyote Village Durant Hall

Name (First Middle Last): _____

Student ID: _____ Student Cell Phone: _____

Student Email Address: _____@wcstudents.wc.edu

****Requested accommodation will be reviewed for approval by the Office of Disabilities****

I am requesting the following HOUSING accommodation:

Emotional Support Animal: *(list specific animal)* _____

Financial release from the meal plan of my contract due to:

Specific alteration of the meal plan to meet the following dietary needs:

Please return all pages of this form to assist Disability Services in determining appropriate and reasonable accommodations.

To be considered for a housing accommodation due to a disability, Weatherford College requires documentation of the student's current condition from the treating licensed clinical professional or health care provider.

This provider must be thoroughly familiar with the student's condition and functional limitations, must make a direct connection to the requested accommodation based on the student's current functional limitations, and may not be a relative of the student.

Please have the provider complete the Verification Form for Housing Accommodations. Additional paperwork from the health care provider may be attached if the space provided is inadequate.

Student Signature_____
Date

Disability Services

Verification Form for Housing Accommodation

Student Name: _____ ID#: _____

As a student seeking housing accommodation, I authorize Weatherford College Disability Services (DS) office to receive information from my provider. I authorize my provider to discuss my condition(s) with the appropriate and qualified Weatherford College personnel on an as needed basis.

Student signature: _____ Date: _____

Printed Name of Medical Provider: _____

Information for Students seeking accommodations and Medical Providers:

Disability Services at Weatherford College complies with all federal and state disability laws to ensure equal access for qualifying persons with a disability to educational programs, services, and activities.

All documentation submitted to Disability Services is considered confidential. Disability Services may share minimal information with appropriate College staff in order to process the request.

Print Name and Title: _____

Credentials: _____ Specialty: _____

Address: _____

Phone: _____ Email: _____

I certify that I formally conducted or supervised and co-signed the diagnostic assessment of this student.

Signature: _____ Date: _____

This form must be completed by a licensed clinical professional or health care provider familiar with the history and functional limitations of the student's condition(s).

1. Date of Initial Contact with Student: _____/_____/_____

2. *Specific Diagnosis/Disability*: Please list all relevant diagnoses. If applicable, please list all DSM-IV or ICD diagnoses (text and code).

3. Procedure/assessment used to determine this condition: (attach copies of results if needed)

4. Date of diagnosis: _____/_____/_____

Current Severity of Symptoms:

- mild
- moderate
- severe

Prognosis of Condition:

- good
- fair
- poor

5. Date of last office visit with student: _____/_____/_____

6. Prescribed treatment or medications:

7. Describe the symptoms related to the student's condition that cause significant impairment in a major life activity.

8. Please state the specific recommendation regarding housing, and a rationale based upon the student's condition. Indicate why/how the recommended change(s) to the housing environment are necessary. Recommendations must be clearly linked to functional limitations of the student's condition.

Disability Services

Emotional Support Animal Registration Form

You must complete this form and return it to WC Student Disability Services (DS) **BEFORE** bringing the animal to campus. If the request is made fewer than 30 days before you intend to move into college housing, Student Housing cannot guarantee that it will be able to meet the request during the first semester or term of occupancy. Requests for animals presented in the middle of the semester may not be able to be accommodated until the following semester. You may return this form by regular mail or e-mail to:

Disability Services
Student Services, upper floor room 118
225 College Park Drive
Weatherford, TX 76086

Phone: 8 1 7 - 5 9 8 - 6 3 5 0

E-mail address: a c c o m m o d a t i o n s @ w c . e d u

Please answer the following questions:

1. Name of Student: _____
2. WC Student ID Number: _____
3. Permanent Address: _____
4. Student Cell Phone Number: _____
5. Student E-mail Address: _____

Animal Information

Animal's name: _____

Type of Animal: _____

An ESA may be a dog, cat, small bird, rabbit, hamster, gerbil, fish, or other small, domesticated animal that is traditionally kept in the home for pleasure that does not carry the risk of zoonotic disease(s).

Gender: _____ Male _____ Female

Has the animal been: _____ Spayed _____ Neutered

Birth date/Age of animal: _____

Weight of the animal: _____

Breed: _____

Height: _____ Color: : _____

How long have you had the ESA? _____

Is the Animal:

Housebroken (does not chew or destroy household items) YES _____ NO _____

Potty-trained YES _____ NO _____

Containment of Animal

WC policy provides that you are responsible for ensuring that the animal is contained in its crate/cage, as appropriate, when you are not present during the day or attending classes or other activities. Please explain how the animal will be contained and the size of the enclosure/container when you are out of the residence hall (for example, to attend class or to eat your meals):

If you are aware of any facts indicating the animal might be unsafe around others, or unhealthy, please state here:

Alternate, local caregiver for animal if owner is unavailable:

- must be within 25 miles of Weatherford
- cannot live in college housing

Name: _____

Relationship to Owner: _____

Address: _____

Phone Number: _____

Is this alternate caregiver a WC student? Yes No

If yes, give WC ID Number: _____

Current Veterinarian

Name: _____ Phone

number: _____

Address: _____

Please attach the following when submitting this request form:

- Veterinarian's verification of most recent vaccination(s) and date given.
 - Will the vaccinations need to be updated during the current school year? Yes No
 - If Yes, when? _____
- Current color photograph of the animal.

ASSURANCES:

- The student signing below represents that the information in this *Emotional Support Animal Registration Form* is true and correct.
- Student fully agrees to abide by the *WC Emotional Support Animal Policy and Procedures for Student*, including the Owner’s Responsibilities stated therein, as well as Housing policies, college policies, local, state, and federal laws.
- The Student understands and agrees that it is his/her responsibility to care for the animal and to fully cooperate with College personnel with regard to compliance with the Policy, health and safety issues, requirements for care of the animal (e.g., cleaning the animal, feeding/watering the animal, designating an outdoor relief area, disposing of feces, etc.).
- The Student hereby gives permission to the Disability Services Office to disclose to others impacted by the presence of the ESA [e.g., Housing staff, potential and/or actual roommate(s)/suitemate(s)/neighbor(s)] that the Student will be living with an animal as an accommodation.
- The Student understands that this information will be shared with the intent of preparing for the presence of the ESA and /or resolving any potential issues associated with the presence of the ESA.
- The Student further recognizes that the presence of the ESA may be noticed by others visiting or residing in Student Housing and agrees that staff may acknowledge the presence of the animal, and explain that under certain circumstances ESAs are permitted for persons with disabilities.

Student/Owner Signature: _____ Date: _____

Disabilities Office Signature: _____ Date: _____