

## DISABILITY VERIFICATION FORM – HOUSING / ESA

### Purpose of this Form

The University of Washington's Disability Resources for Students Office (DRS) approves academic, housing, and on-campus transportation accommodations. Your patient/client is requesting you to provide documentation of a disability for assessment of reasonable accommodations. Information provided on this form is protected by **FERPA**.

### Instructions

- This form must be completed by a licensed healthcare professional credentialed to diagnose and treat the stated condition(s).
- The provider should clearly state the patient/client's diagnosis and how it impacts them. Failure to be thorough may result in denied accommodations.
- Must include signature & license information.

### Guidance

- When students seek accommodations, the DRS needs to determine 1) if the student's physical or mental health condition qualifies as a disability, 2) the barriers and impacts the student experiences related to the disability, and 3) the level and severity of the impact(s).
- To view DRS's complete documentation guidelines, visit <http://depts.washington.edu/uwdrs/prospective-students/documentation-guidelines/>.

### How to Submit

Students are responsible for the collection and submission of documentation to the University of Washington. This can be done by uploading it with their application to DRS or emailing their home campus.

- Seattle: [uwdrs@uw.edu](mailto:uwdrs@uw.edu)
- Bothell: [uwbdrs@uw.edu](mailto:uwbdrs@uw.edu)
- Tacoma: [drsugt@uw.edu](mailto:drsugt@uw.edu)

**IMPORTANT:** DRS will not accept, and will return, documentation that does not have the following information:

- Student name & ID number
- Healthcare provider signature & license information.

STUDENT INFORMATION (UW Student Completes This Section)		
Name		Phone
Student ID Number	UW Campus	Date of Birth

HEALTHCARE PROVIDER INFORMATION (Healthcare Provider Completes This Section)	
Name	
Address	
Phone	Email
Credentials and Licensing Information	

QUESTIONS (Healthcare Provider Completes This Section)
---

1. What is the specific/working diagnosis(es), including the DSM-V or ICD code(s)?
2. Did they receive treatment for this condition prior to working with you? To your knowledge how long has your patient/client been receiving treatment?
3. When were the diagnoses made?
4. When was their initial appointment with you and are they still in treatment?

5. What is the highest level of impact on functioning (Select Only One)?

<input type="checkbox"/>	<b>Level 0:</b> Symptoms are temporary and expected/predicted responses to stressors. The impact on functioning is mild and intermittent.
<input type="checkbox"/>	<b>Level 1:</b> Symptoms are present more often than not. The impact on functioning is mild but consistent.
<input type="checkbox"/>	<b>Level 2:</b> The impact on functioning is moderate.
<input type="checkbox"/>	<b>Level 3:</b> The impact on functioning is high.
<input type="checkbox"/>	<b>Level 4:</b> The impact on functioning is severe.

6. Describe how the patient/client's condition limits their functioning in the university housing environment?

7. Does this student's disability or treatment plan require specific hygiene needs or private spaces (such as a bedroom and/or bathroom) to prevent negative health impacts? If so, please specify what you would prescribe and why.

8. Does the student use any assistive mobility devices (Example: wheelchair, crutches, cane, etc.), a personal attendant, or a service animal? If so, please list all applicable.

9. Does the student currently require adjustable furniture or facility modifications? (Example: This student uses a wheelchair and will need access to a roll-in shower.) If so, please specify all of the student's needs: grab bars for shower or toilet, Hoyer lift, visual fire alert, etc.

**ESA Specific Housing Questions**  
(Healthcare Provider Completes This Section)

## Guidance

- Emotional Support Animals (ESAs) are approved for the housing environment to aid students while living in university-affiliated housing.
- Generally, 1 ESA is approved per student, per living unit. If requesting more than one ESA, the healthcare provider must complete these questions per animal and explain how they serve different therapeutic purposes.
- The student must already own, or be in the process of obtaining, the ESA before seeking approval.

10. What type of animal is the ESA, and how long has the animal been utilized as an ESA? Please also describe the size and age of the animal.

11. What specific symptoms of the student's ICD or DSM diagnosis does the ESA address? How does it assist in alleviating these specific symptoms?

12. What are the medical/clinical consequences if the accommodation for an ESA is denied? Do you have any recommendations or effective alternatives if the ESA is not approved?

Provider Signature:

Date: