



UC Santa Cruz Disability Resource Center
PHONE (831) 459-2089, FAX (831) 459-5064

Documentation for Housing Accommodations and Emotional Support Animals

This form is intended for licensed health care providers to complete to support the provision of housing and/or emotional support animal (ESA) accommodations for eligible students at UC Santa Cruz. Under the Americans with Disabilities Act or the Rehabilitation Act, disability is defined as any physical or mental impairment that substantially limits one or more major life activities such as: caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, or working.

Health Care Provider: Please complete this form and return to the student or send directly to DRC. Email: drc@ucsc.edu Fax: (831) 459-5064; or by mail: DRC 500 Steinhart Way 3rd FLR Baytree, Bldg, Rm 305, Santa Cruz, CA 95064. Be sure to sign and date the form at the bottom.

DRC Student: Please return the completed documentation form to the Disability Resource Center at UC Santa Cruz in a timely manner so that we can support the implementation of the required housing accommodations. Submit the documentation in Accommodate by following the directions listed on the DRC website, <https://drc.ucsc.edu/students/documentation/>, and click on [this guide to submitting documentation](#) at the bottom on the page.

Remember to also complete the DRC Student Housing / ESA Accommodation Request (google form) and submit your Housing application in the Housing Portal (<https://housing.ucsc.edu/apply/index.html>) when the filing period opens.

Section 1: To be completed by student:

Student Name: _____

Student ID #: _____

Birthdate (MM/DD/YY): _____

Section 2: To be completed by licensed provider:

Thank you for your time in filling out this form. If you prefer, you can provide the student a signed letter on letterhead with the same information included on this form.

Name of Physician/Provider: _____

Title/Specialty: _____

License or Certification #: _____

Work Address: _____

Phone Number: _____

Providers, please respond completely to the following questions:

When did you last see this student? _____

Describe your specialty and how long the student has been under your care:

Does this student have a qualifying disability that impacts one or more major life activities? No need to state a specific diagnosis

YES

NO

Provide information about the functional impacts of the student/ resident's disability, and how these impacts affect the student in university housing:

Select the housing accommodation(s) you recommend to address the student's functional impacts. Please select all that apply. Use "Other" to add a need that is not listed.

Restroom Access (eg. semi-private restroom access, close restroom access, ADA restroom. Please provide details in the detailed explanation in question #6)

1st Floor or No Stairs Access

Flashing Doorbell

Kitchen Access

Visual Fire alarm

Un-Lofted Bed

Wheelchair Accessible Room

Single Room, Dorm

- Single Room, Apartment
- Double Room, Dorm
- Double Room, Apartment
- Emotional Support Animal- Cat
- Emotional Support Animal- Dog
- Emotional Support Animal- Other (please provide the type of animal in the detailed explanation below):

- Other Accommodation needed that is not listed:

- Explain in detail how each accommodation you have recommended will address the functional limitations of the student's disability, clearly explaining the connection between the accommodation and the functional limitations of the student's disability. If recommending an ESA as part of the individual's accommodations, please include how the animal mitigates the impacts of the student's disability. Alternatively, you can also attach a report to this document.

I verify that the information provided on this form is complete and accurate to the best of my knowledge and I certify that I am not related to the student.

Signature of Physician/Provider: _____

Date: _____