Appendix A

(Form 1)

Request for Assistance Animal as a Reasonable Accommodation in Housing: Health Care Professional Form

Requester's Name: _____

Address: _____

Telephone: _____ E-mail: _____

I, _____, intend to request that Iowa State University Department of Residence permit me to keep an assistance animal as a reasonable accommodation in housing for my disability. In connection with that application, I am requesting that you (Health Care Professional) to complete this form regarding my disability.

_____ _____

Requester's Signature Date

1. **REQUIREMENTS FOR HEALTH CARE PROFESSIONAL**

A health care professional shall only make the findings listed in Section 2 if <u>all</u> of the following conditions apply:

1) The health care professional has met with the Requester in person or by telemedicine and maintains an ongoing therapeutic / health care treatment relationship with the Requester. Documentation from providers who provide recommendations based on a single meeting is insufficient;

2) The health care professional is licensed in the state where the documentation is provided (i.e., where the client resides or in Iowa); <u>and</u>

3) The health care professional is legally and professionally qualified to make the finding.

2. **TO BE COMPLETED BY HEALTH CARE PROFESSIONAL**

1. Does the individual identified above have a disability?
   Yes No
2. If yes, is the need for an assistance animal related to that disability? For example, does or would an assistance animal alleviate one or more of the symptoms or effects of the disability?
   Yes No
3. Have you met with the Requester and established an ongoing client-provider relationship with this individual before making this recommendation)?
   Yes No Dates of Appointments establishing disability diagnosis: _____

Health Care Provider's Name: _____

Signature: _____

Medical Specialty: _____ License: _____

Date: _____

References: Iowa Code sections 216.8B and 216.8C; Resources: https://icrc.iowa.gov/, 1-800-457-4416; Student Accessibility Services