

ASSISTIVE ANIMAL POLICY

1. Policy Statement

It is the policy of The University Cooperative Housing Association (“UCHA”) to provide reasonable housing accommodations to residents with disabilities, including permitting assistive animals in UCHA housing. It is a resident’s responsibility to make their disability known to UCHA. Reasonable housing accommodations will be considered and determined on a case-by-case basis and based on documented need.

Requests will be reviewed by UCHA, in consultation with professionals as needed. Accommodation decisions will consider the resident’s disability-related need(s) in accordance with the Americans with Disabilities Act of 1990, the Fair Housing Act, and other relevant federal and state laws and regulations.

2. No Pet Policy

Subject to the exceptions set forth herein, UCHA does not permit pets, including visiting pets, other than fish (in ½ gallon or less tank) in housing units.

3. Procedure for Requesting a Special Accommodation in Housing

To request a housing accommodation related to an assistive animal, residents must complete and submit to the UCHA Front Office either an **Application for Service Animal** or an **Application for Emotional Support Animal**, as applicable. Responses to completed accommodation request submissions will be provided within 10 business days of receipt, barring exceptional circumstances. Once a decision is made, residents will be notified of the status of their request in writing, unless another form of communication is requested.

3.1 Additional Information That May Be Requested for an Accommodation

If a resident submits their accommodation request without sufficient information, UCHA will inform the resident in writing of the necessity for more information, unless another form of communication is requested.

3.2 Determination of Reasonable Accommodation

If UCHA determines that a requested accommodation is reasonable and necessary, then UCHA will notify the resident of the status of their request in writing, unless another form of communication is requested. Further communications and/or meetings may be required in order to discuss proper implementation of the approved accommodation.

If UCHA determines that a requested accommodation is necessary but unreasonable in nature, then UCHA will notify the resident of the status of their request in writing, unless another form of communication is requested. Further communications will be required to engage in an interactive process with the resident in order to determine if there are other accommodations that would meet their disability-related need(s).

If UCHA determines that a requested accommodation is unreasonable in nature, then UCHA will notify the resident of the denial of their request in writing, unless another form of communication is requested. An accommodation may be considered unreasonable if it: (1) is not made by or on behalf of a person with a disability, or there is no disability-related need for the accommodation; (2) imposes undue financial or administrative burden on the UCHA (3) requires fundamental alteration of UCHA policies; (4) poses direct threat to the health and safety of others in the UCHA community, or would cause substantial damage to UCHA or other residents’ property; and/or (5) is deemed otherwise unreasonable to the operation of UCHA.

4. Service Animals

UCHA will grant an exception to its pet policy for approved service animals, guide dogs, and signal dogs. UCHA will not require a resident to pay an extra fee for an approved assistive animal or provide an additional security deposit.

Service animals are not pets; rather, they perform some of the functions and tasks that an individual with a disability cannot perform on their own. Therapy and emotional support animals are not considered service animals. General definitions are as follows:

- **Service Animal.** A service animal is any dog that is individually trained to do work or perform tasks for the benefit of an individual with a disability.
- **Guide dog.** A guide dog is a dog which is trained to guide a blind or visually impaired person.
- **Signal dog.** A signal dog is a dog which is trained to alert a deaf or hearing impaired person to sounds.

5. Emotional Support Animals

UCHA does not allow pets in housing; however, UCHA will consider requests from residents with disabilities for reasonable accommodation. UCHA is committed to allowing residents access to an emotional support animal in cases of a disability-related need. An emotional support animal (“**ESA**”) is an animal that provides emotional support, comfort or security for the benefit of an individual with a disability or alleviates identified symptoms or effects of a disability. ESAs, which are also referred to as companion animals, therapy animals, or assistance animals, are not considered to be service animals. ESAs are not permitted in any rooms except for the approved residence, nor are they permitted in any buildings or facilities other than the resident’s room, except in cases when the animal is being taken outside for exercise or natural relief. UCHA will not require a resident to pay an extra fee for an approved assistive animal or provide an additional security deposit.

5.1 Determination of Reasonable Accommodation for ESAs

Due to the nature of housing in UCHA facilities, residents typically share rooms and living spaces. UCHA does not limit residents to specific room or building assignments due to a disability-related need for an ESA. As such, to ensure that the presence of an animal will not place undue burden on staff or other residents, UCHA reserves the right to assess living situations as a part of the determination of reasonable accommodation. All requests are given consideration on a case-by-case basis.

Factors assessed by UCHA in determination of a reasonable request for an ESA may include, but are not limited to:

- Whether the available and/or assigned housing space is appropriate for the animal;
- Whether the presence of the animal would infringe upon another resident’s ability to use and enjoy their housing space (*e.g.*, allergies, *etc.*);
- Whether the animal is well-behaved, housebroken, not aggressive and not disruptive to the peace and quiet of the residential area; and
- Whether the animal is up-to-date with vaccinations and is in compliance with applicable licensing laws.

6. Non-Retaliation Statement

UCHA will not retaliate against any resident due to a request for or approval of accommodation in housing.

APPLICATION FOR SERVICE ANIMAL

To be completed by the resident. Please print clearly.

Submit the completed form and all required supporting documentation the University Cooperative Housing Association (UCHA) Front Office.

Applicant Information

Date of Request: _____ Student ID: _____

Resident Name: _____

Email Address: _____ Phone Number: _____

Select the type of special accommodation requested and provide the necessary information listed.

Service Animal

Please provide a response to the following questions:

- Is the service animal required because of a disability? Yes No
- What task(s) has the animal been trained to perform?

Guide dog. A guide dog is a dog which is trained to guide a blind or visually impaired person.

Signal dog. A signal dog is a dog which is trained to alert a deaf or hearing impaired person to sounds.

INFORMED CONSENT FOR RELEASE OF INFORMATION This release will remain in effect while you are a resident of UCHA housing.

I, _____, authorize the UCHA to disclose to others that may be impacted by the presence of an animal (*e.g.*, UCHA staff, potential and/or actual roommate(s)/neighbor(s)) that I will be living with an animal as an accommodation. I understand that this information will be shared with the intent of preparing for the presence of the support animal and/or resolving any potential issues associated with the presence of the animal. Furthermore, I understand that all other information, including personally identifiable information, regarding my request will be protected and kept private in accordance with UCHA policy, except as otherwise required by law.

Signature: _____

Date: _____

APPLICATION FOR EMOTIONAL SUPPORT ANIMAL

To be completed by the resident. Please print clearly.

Submit the completed form and all required supporting documentation the University Cooperative Housing Association (UCHA) Front Office.

Applicant Information

Date of Request: _____ Student ID: _____

Resident Name: _____

Email Address: _____ Phone Number: _____

Animal Information

Animal's name: _____ Type of Animal: _____

Gender: Male Female Breed: _____

Weight: _____ Hair length: _____

Physical description of animal: _____

Please include:

- Copy of veterinarian's verification that vaccinations are current
- Copy of Los Angeles County Animal License (dogs only)
- Copy of any animal training certificates
- Current photograph of animal
- Medical documentation of the disability-related need for the support animal. Reliable documentation consists of a letter from your current qualified diagnosing professional which addressed the functional limitations of your disability and how it relates to your request for a support animal.
- A signed Medical Information Release Form, which allows a UCHA representative to correspond with the diagnosing clinician(s) about the documentation accompanying your request. This is optional; however, the failure to provide it may result in the request being denied if the documentation provided by the clinician is not sufficient.

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I, _____, authorize the UCHA to disclose to others that may be impacted by the presence of an animal (e.g., UCHA staff, potential and/or actual roommate(s)/neighbor(s)) that I will be living with an animal as an accommodation. I understand that this information will be shared with the intent of preparing for the presence of the support animal and/or resolving any potential issues associated with the presence of the animal. Furthermore, I understand that all other information, including personally identifiable information, regarding my request will be protected and kept private in accordance with UCHA policy, except as otherwise required by law.

Signature: _____

Date: _____

MEDICAL INFORMATION RELEASE FORM

(optional)

I, _____, give my consent for the UCHA representatives to make contact with my health professional(s) to ask for my healthcare information, and give permission for my health professionals(s) to release my relevant healthcare information to the requesting the UCHA representatives for the purpose of evaluating my Application for Emotional Support Animal.

Below is a list of my health professional(s) that can be contacted:

Name:

Contact Information:

Signature: _____

Date: _____