**Disability Services**

**For Students**

Emotional Support Animal

**Disability Service Office, Room 121**

**PO BOX 70**

**Pablo MT 59855**

**Phone: (406) 275-4968**

**Fax: (406) 275-4801**

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| A request for an Emotional Support Animal at Salish Kootenai College requires a **referral letter from the student’s (or registered family member’s) healthcare provider** that:* Is written on professional letterhead with the name and address of healthcare provider or

clinic;* Verifies the student has a diagnosis/disability as defined by the Americans with Disabilities Act (ADA);
* Specifies the nature of the student’s impairment, and the major life activities impacted by the impairment;
* States the way in which the impairment prevents the student from using and enjoying the residential environment; and why the Emotional Support Animal *is* ***necessary***.
* Is signed by the healthcare provider.

The healthcare provider must be licensed to provide services. The healthcare provider should have already treated, or have a current ongoing therapeutic relationship with the student/family member. Accessing a healthcare provider who is unfamiliar with the nature of the student/family member’s needs but is willing to write a letter of referral for an Emotional Support Animal may not be approved. Please share this document with your healthcare provider, as all components listed above must be included for approval. |