



## PROVIDER VERIFICATION FOR UNIVERSITY HOUSING

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

NU ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Type and Breed of Animal Requested: \_\_\_\_\_

(Example: Dog, Boston Terrier or Cat, Domestic Shorthair)

I have reviewed the health status of this student. I have conducted an exam for the purpose of assessing whether the student has a medical or psychological disability, the impact of said disability, if any, on major life activities, and which accommodations may be reasonable concerning their ability to participate in the Housing and Residential Life program at the University of Nebraska at Omaha ("UNO.") The answers provided below, and any additional statements made, reflect my professional judgment concerning the status of the student.

*The Fair Housing Act defines disability as a physical or mental impairment that substantially limits one or more major life activities. Under this definition, an impairment is a disability if it substantially limits the ability of the person to perform a major life activity as compared to the average person in the general population. The definition also takes into account any mitigating measures, such as medication or other treatments or therapies, the person is employing that may relieve the substantial limitations caused by the impairment. If the mitigating measures eliminate the substantial limitations caused by the impairment, the person does not have a disability.*

1. Does the student have a disability under this definition? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please provide the DSM-5 or ICD diagnosis, level of severity, date of initial diagnosis, and date of your last contact with student.

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2. Please describe the impairments that result from this disability and how each impairment substantially limits the student's ability to perform a major life activity as compared to most people in the general population.

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3. Please identify if the student is using any measures, such as medication, treatments, therapies, etc, to mitigate the functional limitations caused by the impairments.

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4. Do the mitigating measures eliminate the student's substantial limitations? \_\_\_\_ Yes \_\_\_\_ No

5. Please explain how the accommodation of an assistance animal is necessary for the student to use and enjoy university housing as compared to a person without a disability.

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6. Please identify any other accommodations that may be equally effective in allowing the student to use and enjoy university housing.

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Please print or type:

Provider Name: \_\_\_\_\_

Title or Professional Designation: \_\_\_\_\_

Highest Academic Degree: \_\_\_\_\_

Board Certification or Specialty: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

*By signing this form, I acknowledge that I am the student's current treatment provider and have entered all information accurately and truthfully.*

Signature of Provider: \_\_\_\_\_ Date: \_\_\_\_\_