

Assistance Animal Agreement

A member with disabilities in a WPN National Housing Company, LLC (“WPN”) chapter facility must complete this agreement with the following if the member would like to pursue an assistance animal on site.

An assistance animal is an animal that works, provides assistance, or performs tasks for the benefit of a person with a disability, or provides emotional support that alleviates one or more identified symptoms or effects of a person’s disability.

A service animal is defined by the Americans with Disabilities Act (ADA) as any dog that is individually trained to do work or perform tasks for the benefit of an individual with a disability, including a physical, sensory, psychiatric, intellectual, or other mental disability. Other species of animals, whether wild or domestic, trained or untrained, are not service animals for the purposes of this policy. In the case of a true service animal, please provide a brief written statement to WPN answering these specific questions: (1) is the animal a service animal required because of a disability? and (2) what work or task has the animal been trained to perform?

A support animal, sometimes referred to as an emotional support animal, therapy animal, and/or companion animal, is defined as an animal that is necessary to afford the member with a disability an equal opportunity to use and enjoy housing, and provides emotional or other support that ameliorates one or more identified symptoms or effects of a person’s disability.

WPN Staff will review the request. The member must provide the type of assistance animal, a description of the assistance animal (e.g. weight, species, breed, etc.), the animal's name, and rabies vaccination records if the animal is of suitable age and species to be vaccinated.

In order for WPN to make a determination whether a support animal will be allowed, the member must complete and submit the following:

- the Support Animal Accommodation Request Form (completed by member) and;
- the Supporting Medical Documentation Form completed by member’s physician/clinician, and;
- Veterinary records for the requested animal if already owned by member (completed by veterinarian). If member is approved the accommodation prior to ownership of the animal, veterinary records will be required prior to the animal’s move into the chapter facility.

Documentation can be provided to WPN Staff (noblemen@sigttau.org). This documentation **MUST** be provided at least thirty (30) days prior to the date of the support animal’s proposed move in so that there is time to review and make a determination prior to move-in.

The request to keep an assistance animal in a WPN chapter facility will be reviewed to determine whether such request (1) constitutes a reasonable accommodation for a member with a documented disability; and (2) the animal is necessary to afford the member with a disability an equal opportunity to use and enjoy the housing facility; and (3) there is an identifiable relationship or nexus between the member’s disability and the assistance the animal provides.

WPN Staff may request supporting documentation from a physician, psychologist or other mental health professional qualified to treat the disability indicating that the animal provides support that alleviates at least one of the identified symptoms or effects of the existing disability.

A request will not, however, be granted if the animal poses a direct threat to the health and safety of others; would cause substantial physical damage to the chapter facility of others; would pose undue financial and administrative burden; or would fundamentally alter the nature of Greek housing operations.

If a member's request for a support animal is approved, the member will be provided an accommodation letter that the member must present to his chapter president, house manager and lead advisor. The member must schedule a meeting with his chapter president, house manager and lead advisor to review applicable policies and procedures and complete the Assistance Animal Agreement prior to the animal taking residency in the chapter facility.

In any event, a member approved to reside with an assistance animal must complete the Assistance Animal Agreement at the beginning of each academic year.

Assistance animals must be approved prior to entrance into the Sigma Tau Gamma Fraternity chapter facility. Any unapproved animal found in the chapter facility be in violation of the individual housing contract and will result in a subsequent actions and fines. Unapproved assistance animals must be removed from the chapter facility immediately at the expense of the member.

A member dissatisfied with a decision concerning an assistance animal as a reasonable accommodation, may seek further review through WPN Staff at noblemen@sigtau.org.

The member must also agree to the requirements list below.

The member agrees as follows:

- Compliance with City Ordinances and Laws. The member must abide by current city ordinances and laws pertaining to licensing and vaccination requirements for animals. It is the responsibility of the member to know about and comply with these ordinances and laws, some of which are noted below. *Member initials* _____
- Immunization. An assistance animal capable of carrying communicable diseases must be immunized when age appropriate and annually thereafter. Animals without all immunizations, including the rabies vaccination, are not eligible to live in the chapter facility. Proof of such immunization is required. Current vaccination tags must be attached to a collar, harness or tag worn by the assistance animal. *Member initials* _____
- License or Documentation. A service animal does not have to be licensed or certified as a service animal. WPN Staff may, however, appropriately ask the individual to answer: a) whether the service animal is required because of a disability, and b) what work or tasks the animal is trained to perform. Licensing or certification as a service animal or support animal is neither sufficient nor necessary to establish that the animal is a service animal or support animal. *Member initials* _____
- Control. An assistance animal shall be under the full control of the member at all times. An assistance animal shall have a harness or leash. If the member is unable because of a disability to use a harness, leash, or other tether for his service animal, or if the use of a harness, leash, or other tether would interfere with the service animal's safe, effective performance of work or tasks, then the service animal must be otherwise under the member's control (e.g., voice commands, signals, or other effective means) at all times. The care and supervision of the assistance animal is the responsibility of the member. *Member initials* _____
- Training. WPN Staff may ask a member to remove an assistance animal from the premises if the animal is not housebroken or, in the case of a support animal that uses a designated cage or litter box, the member fails to clean such cage or box such that the cleanliness of the room is not maintained. *Member initials* _____
- Hygiene and Cleanliness. Assistance animals must be clean. Daily grooming and occasional baths should be utilized to keep animal odor to a minimum. Adequate flea or pest prevention and control must be maintained. If an assistance animal's odor is offensive to other members, the member will be directed to bathe the assistance animal prior to returning to the facility. Repeated occurrences may result in the assistance animal being temporarily barred from the chapter facility until steps are taken to comply with the rules regarding cleanliness. *Member initials* _____
- Cleanup Rule. The member must clean up after the animal. *Member initials* _____

- Expense and Care. The cost of care, arrangements and responsibilities for the well-being of an assistance animal is always the sole responsibility of the member. The animal cannot be left in the care of other members while the member is away unless the situation is unforeseen or deemed an emergency. The person and facility who can be contacted to care for the animal in case of emergency is (this person must live outside of the fraternity chapter facility):

Name: _____ Phone number: _____

Member initials _____

- Health. Assistance animals to be housed in the chapter facility must have an annual clean bill of health from a licensed veterinarian. Member initials _____
- Damages. Members with assistance animals are financially responsible for the actions of the assistance animal including bodily injury, chapter facility damage, cleaning and replacement of furniture, carpet, blinds, and any other damages which may arise. Member initials _____
- Disruption. Assistance animals must not engage in unacceptable or disruptive behavior that is disruptive to other members of the facility. If an animal does engage in unacceptable behavior, the member is expected to use proper training techniques to correct the behavior. WPN Staff may ask the member to remove an assistance animal from the premises if the animal is out of control or disruptive and the member does not take effective action to control it. WPN Staff may bar the animal from the facility until significant steps (such as additional training for the animal and member) are taken to mitigate the behavior. Member initials _____
- Hazard. The assistance animal cannot pose a direct threat to the health or safety of others and may be excluded where the presence of the animal fundamentally alters the nature of the program or activity or presents a health or safety hazard. If the animal is deemed to pose a physical threat to others, actions may be taken to immediately remove the animal from the chapter facility. Support animals are permitted only in the member's assigned space and common areas within the facility. Member initials _____
- Roommates and Other Members. Members with assistance animals should be sensitive to other members' possible disabilities and medical conditions, including allergies, and to those who fear animals. If there is a problem of conflicting housing assignments between the member with an assistance animal and other members with disabilities whose disability is exacerbated by the presence of an animal, the member consents that they may be moved to a different assigned room in order to resolve the conflict). The member is responsible for instructing others on appropriate interactions with the animal and setting clear expectations. Member initials _____
- Change of Situation. Members residing with an assistance animal are to notify WPN Staff if the assistance animal is no longer living with the member in the facility. Member initials _____

- Breaks and Being Away from Campus. The member will be responsible to care for the animal off campus during breaks or anytime when the owner leaves campus overnight, or the facility is closed. *Member initials* _____
- Room Maintenance. If members with an assistance animal request maintenance for the room, they will be given the opportunity to coordinate with the house manager to confirm a time during which the maintenance can be completed while the member is present in the housing facility. *Member initials* _____
- Animal Neglect. If any animal neglect is suspected, WPN Staff will contact the member. The member is solely responsible for the health and safety of the animal. The animal should not be left alone in the room for unreasonably long periods of time. WPN Staff, in its sole discretion, can make a determination on what is an unreasonable amount of time for the animal to be left alone based on the age and type of the animal. *Member initials* _____
- Animal left unattended. When the member is not present in the room (i.e. in class or chapter functions), a support animal left in the housing facility must be crated or otherwise contained within the member's assigned sleeping room. *Member initials* _____

I have read and agree to all of the terms of this Assistance Animal Agreement. Any violation of this agreement may result in the exclusion of the assistance animal from the chapter facility at the member's expense. I understand that if I have questions concerns or need assistance that I will call WPN at 317-644-1920.

Member's Signature _____ Date _____

Parent Signature (for members under 18) _____ Date _____

Chapter President _____ Date _____

House Manager _____ Date _____

WPN Staff _____ Date _____

Support Animal Accommodation Request Form

WPN Management Company, LLC (herein called "WPN"), which is the manager of the Sigma Tau Gamma Fraternity chapter facility, recognizes that members with disabilities may need to reside in the facility with a support animal in order to afford them equal access to housing. For these members, WPN provides housing accommodations in accordance with applicable state and federal law. Licensing or certification as a support animal is neither sufficient nor necessary to establish that the animal is a support animal.

Member's name: _____

Member Cell Phone: _____

Member Email: _____

Housing Facility Address: _____

Duration of request (Academic Term and Year): _____

In the event you become unable to care for the animal, please identify a local emergency contact (who does not reside in the fraternity housing facility) to assume responsibility and possession of the animal:

Emergency Contact Name: _____

Phone: _____ Contact's Address: _____

Do you already own your assistance animal? (circle one) Yes No

If yes, please complete the following. If No, please include information about the animal and veterinary you anticipate using for this accommodation if approved:

Animal Name: _____ Animal Type: _____

Animal Breed: _____ Animal weight (lbs): _____

General description of the animal: _____

Veterinarian name: _____ Veterinarian phone: _____

Member recognizes that despite good faith and reasonable efforts by WPN Staff to provide reasonable accommodations for members with disabilities through WPN policies, practices and procedures, member may ultimately disagree with the determination made by WPN Staff. For questions or clarifications about this process, please contact 317-644-1920.

Support Animal Accommodation Request

To be completed by requesting member's physician/clinician

As required by the individual housing contract, if a member with a disability needs a support animal in order to afford the member an equal opportunity to use and enjoy the chapter facility, the member must request an exception or exclusion from the no pets policy. To consider this member's request for an accommodation because of a disability in his housing contract, WPN Management Company, LLC ("WPN") requires documentation of the member's current medical condition and medical records from the licensed clinical professional or health care provider authorized to treat the disability and thoroughly familiar with this member's condition and his functional limitations and/or restrictions. Such professional or provider shall not be a close family member through blood, marriage, or other legal arrangement. This form must be completed in full and signed. If the spaces provided are not adequate, please attach a separate sheet of paper.

Once completed, the form can be submitted to the addresses below:

E-Mail: noblemen@sigttau.org

Mail: WPN Management Company, LLC, 8741 Founders Road Indianapolis, IN 46268

Contact via phone at 317-644-1920 with any questions.

MEMBER'S NAME: _____

Please respond to the following items regarding the member named above:

1. Federal laws define a person with a disability as "any person who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such an impairment."

- a) Does the member have an impairment that significantly limits any major life activities? If yes, please describe the limitations and/or restrictions **in detail**.

- b) How would you describe the severity of this condition?

- c) How long has the member been under your care? When was the member last seen by you?

- d) Are you prescribing a support animal to ameliorate one or more identified symptoms of a diagnosed condition? If so, what are the symptoms that the animal ameliorates?

Please note: Members will not be approved for a support animal if the clinician does not

explain how the symptoms from 1(a) above are relieved or alleviated by the assistance the animal provides.

e) Why is a support animal necessary for the member to have an equal opportunity to use and enjoy his residence as a member without a disability?

2. Describe the animal that is being prescribed to the member (please be specific as possible, including the type and breed of animal): *Note: If an animal is approved to reside in the facility, the member will be expected to care for, control, feed, and clean up after the animal.*

3. For how long do you consider the information you provide in Items 1-2 above to be valid without reassessment and/or updated information?

The circumstances described in this form are permanent.

The circumstances described in this form may not be permanent, but I expect no significant change through _____, _____

Month Year

All fields below must be complete to process.

Signature of Provider _____ Date _____

License # and state and/or other pertinent credentials _____

PrintName&Title _____

Address _____

Phone _____ Fax _____