



Emotional Support Animal Assessment/Letter Checklist

Patient Name _____ DOB _____ Female _____
 Provider Name _____ Date _____ Male _____ Other _____

Context	Item #	Item	YES	NO	Comments
Disability Determination	1	The client has a disability as evidenced by...			
	1 (a)	Meets diagnostic criteria for one or more mental disorders based on the most current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM)			
	1 (b)	Multiple data sets support the diagnosis, including:			
	1 (b)(1)	Structured and/or clinical interview(s):			
	1 (b)(2)	One or more psychological tests with scales designed to aid in detection of malingering or exaggeration of symptoms			
	1 (b)(3)	One or more collateral sources (e.g., records, interview(s) with family/significant others):			
	1 (c)	One or more functional impairments have been identified, such as:			
	1 (c)(1)	Limited ability to concentrate or focus on activities/tasks			
	1 (c)(2)	Limited expressive and/or receptive communication			
	1 (c)(3)	Difficulty relating appropriately with others			
	1 (c)(4)	Responds inappropriately to social situations			
	1 (c)(5)	Limitations in organization and planning			
	1 (c)(6)	Limited or no stamina to perform activities			
	1 (c)(7)	Limited stress, frustration, or anger tolerance			
1 (c)(8)	Other:				

Emotional Support Animal Assessment/Letter Checklist

Context	Item #	Item	YES	NO	Comments
Disability Determination	2	These impairments (listed in #1 above) impact one or more major life activities, such as:			
	2 (a)	Caring for one's self			
	2 (b)	Performing manual tasks			
	2 (c)	Walking			
	2 (d)	Hearing			
	2(e)	Speaking			
	2 (f)	Breathing			
	2 (g)	Learning			
	2(h)	Working			
	2 (i)	Other:			

Context	Item #	Item	YES	NO	Comments
Air Carrier and Access Act/14 CFR, Part 382	3	The client has an animal that...			
	3(a)	...is individually trained or able to provide assistance to the client, or			
	3(b)	...is shown by documentation to be necessary for the emotional well- being of a client			
	3(c)	...is trained to behave appropriately in a public setting			
	4	The client needs the emotional support animal for air travel and/or activity at the passenger's destination			

Context	Item #	Item	YES	NO	Comments
Fair Housing Act	5	The client's emotional support animal is not a pet. It works, provides assistance, performs tasks for the client, or provides emotional support that alleviates one or more identified symptoms			

NOTES:

Emotional Support Animal Assessment/Letter Checklist

Context	Item #	Item	YES	NO	Comments
Appropriateness/ Efficacy of ESA, Informed Consent	6	Potential risks and benefits associated with the use of ESAs (clinical and ethical/legal) have been explored with the client, and the client is making an informed choice to include the ESA in his/her treatment plan			
	7	The therapist mutually agrees to the course of treatment on therapeutic grounds			
	8	Appropriate release forms have been signed by the client and a witness allowing an ESA letter to be provided to specific entities			

Context	Item #	Item	YES	NO	Comments
Letter Requirements	9	The letter is provided on the mental health professional's letterhead			
	10	The letter is dated			
	11	The letter is addressed to specific entities if possible			

Context	Item #	Item	YES	NO	Comments
Letter Requirements	12	The letter attests that...			
	12(a)	... the client has a mental or emotional disability recognized by the DSM			
	12(b)	(if recommending ESA for air travel)... the client needs the ESA as an accommodation for air travel and/or for activity at the client's destination			
	12(c)	(if recommending ESA for housing) ... the ESA is not a pet and...			
	12(c) (1)	... works, provides assistance, or performs tasks for the benefit of a person with a disability, and/or...			
	12(c) (2)	... provides emotional support that alleviates one or more identified symptoms or effects of a person's disability			
	12(d)	... the evaluator is a licensed mental health professional, and the client is under the evaluator's professional care			

NOTES:

Emotional Support Animal Assessment/Letter Checklist

Context	Item #	Item	YES	NO	Comments
Letter Requirements	13	The letter identifies the specific animal that serves the role of ESA			
	14	The letter contains a disclaimer asserting that any evaluation of appropriateness of the ESA's behavior is beyond the scope of practice of the evaluator			
	15	The letter is signed by the evaluator			
	16	An expiration date is provided for the accommodation(s)			
	17	The name, credentials (spelled out and not just abbreviated), license number(s), and state/jurisdiction of license(s) are included in the letter			

Revised 3/1/18 - Developed by Aaron Norton, LMHC, LMFT, CRC, CFMHE - www.nbfe.net

NOTES: