

# **The Sands, A Condominium, Section I Association, Inc.**

## **FHA Definitions and Requirements for an Assistive Animal**

### **DISABILITY**

Any person who has a physical or mental impairment that substantially limits one or more life activities; has a record of such impairment; or is regarded as having such impairment is considered disabled. In general, a physical or mental impairment includes hearing, mobility and visual impairments, chronic alcoholism, chronic mental illness, AIDS, AIDS Related complex, and mental retardation that substantially limits one or more major life activities. Major life activities include walking, talking, hearing, seeing, breathing, learning, performing manual tasks, and caring for oneself.

In order for a requested accommodation to qualify as a reasonable accommodation, the requestor must have a disability, and the accommodation must be necessary to afford a person with a disability an equal opportunity to use and enjoy a dwelling. To show that a requested accommodation may be necessary, there must be an identifiable relationship, or nexus, between the requested accommodation and the person's disability. An individual with a disability must demonstrate a nexus between his or her disability and the function the assistive animal provides.

Housing providers are entitled to verify the existence of the disability and the need for the accommodation. Accordingly, persons who are seeking a reasonable accommodation for an emotional support animal may be required to provide documentation from a physician, psychiatrist, licensed mental health counselors, licensed clinical psychologists, licensed social workers, licensed marriage and family therapists, or other mental health professional that the animal provides support that alleviates at least one of the identified symptoms or effects of the existing disability.

### **DOCUMENTATION OF DISABILITY**

Therefore, the individual must submit proof of the disability. A licensed health professional must complete a Medical Verification Form along with proof of their professional credentials.

### **ASSISTIVE ANIMAL**

Certain animals provide assistance and support or perform tasks for the benefit of a person with a disability. Such animals, often referred to as "assistance animals," "service animals," "support animals," or "therapy animals," provide disability related functions including, but not limited to, guiding visually impaired persons, alerting hearing-impaired persons to sounds and noises, providing protection or rescue assistance, pulling a wheelchair, seeking and retrieving items, alerting individuals of impending seizures, and providing emotional support to persons who have a disability related need for such support. Assistive animals do not necessarily need training to ameliorate the effects of a person's mental or emotional disabilities.

### **ASSISTIVE ANIMAL DOCUMENT REQUIREMENTS**

The individual must submit written proof that the assistive animal is licensed and vaccinated as required by the Animal Control Regulations pursuant to the St. Lucie County Ordinances and Florida State Statutes.

### **CARE OF ASSISTIVE ANIMALS**

Individuals with disabilities using assistive animals as an accommodation are responsible for their animal at all times. Use of the animal may not constitute a direct threat to the health and safety of others. The individual is responsible for the health of the animal, including the sanitary disposal of animal waste; any property damage caused by the animal; the behavior of the animal, and for due diligence in the use of the animal.

# **THE SANDS, A CONDOMINIUM, SECTION I ASSOCIATION, INC.**

## **PROCEDURE FOR ASSISTIVE OR SERVICE ANIMALS**

The Association has made provisions for owners/lessees who have a medically documented need for an assistive or service animal to assist them with their quality of life at The Sands Section I.

- 1.** The owner/lessee must submit the following completed forms to the Association:
  - a.** A written application to the Association pursuant to the form "Assistive/Service Animal Application".
  - b.** A "Medical Necessity Verification Form" completed by a licensed professional.
  - c.** Letterhead or prescription form showing the credentials of the professional.
  - d.** Written proof that the assistive/service animal is licensed and vaccinated as required by the Animal Control Regulations pursuant to the St. Lucie County Ordinances and Florida State Statutes.
- 2.** Once the written application has been submitted, along with the required documentation, and the written approval has been given by the Board of Directors, the owner/lessee may then be permitted to bring the animal onto association property.
- 3.** An approved service application must be updated annually (January 1<sup>st</sup>).
- 4.** At all times, when the animal is out of the home and on association property, the animal must be held by a collar and leash, not to exceed 10' in length.
- 5.** Any individual accompanying the animal while out of the home must clean up after the animal. The owner/lessee is ultimately responsible for this task.
- 6.** The owner/lessee must assume responsibility that the animal be quiet.
- 7.** The owner/lessee is financially responsible to the Association for any property damage caused by the animal.
- 8.** There is no exercise area on association property.
- 9.** The owner/lessee must follow this procedure for their visitors and guests.
- 10.** There is a fining procedure for violation of these procedures for the well-being and safety of all residents.

**THE SANDS, A CONDOMINIUM, SECTION I ASSOCIATION, INC.**

**ASSISTIVE/SERVICE ANIMAL APPLICATION**

Lot Owner/Lessee Name: \_\_\_\_\_

Lot #: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Circle type of animal:      Assistive      Service

Description of Animal:

Name: \_\_\_\_\_ Weight: \_\_\_\_\_

Breed: \_\_\_\_\_ Sex: \_\_\_\_\_

Attachments:

- Medical Necessity Form
- Credentials of licensed professional
- Documents of licensing and vaccinations

I/We have read and understand the Procedure for Assistive/Service Animals, the Rules and Regulations, the Declaration and the Bylaws of The Sands, A Condominium, Section I Association, Inc. and agree to abide by the covenants therein.

\_\_\_\_\_  
Lot Owner / Lessee Signature

\_\_\_\_\_  
Date

**Association Use Only – Below**

Date received: \_\_\_\_\_

Date Approved/Not Approved: \_\_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_

# THE SANDS, A CONDOMINIUM, SECTION I ASSOCIATION, INC.

## MEDICAL NECESSITY VERIFICATION FORM

**NOTICE:** Federal laws (under the Americans with Disabilities Act "ADA" and Fair Housing Act "FHA") have specific requirements for an accommodation to be made for an assistive animal or service animal. The individual must have a physical or mental impairment that substantially limits one or more major life activities. This means that they are unable to perform or are significantly restricted in their ability to perform major life activities such as walking, talking, hearing, seeing, breathing, learning, performing manual tasks, and caring for oneself. There must also be a relationship between the disability and the requested animal and a relationship between the individual and the ability of the animal to alleviate the individual's disability. If the individual requires an animal to accompany them in public areas, they require a service animal. According to the ADA (which governs public area accommodations), a service animal is not a pet, must be a dog and must be trained to perform the necessary task(s) needed for the disability. There are no such restrictions for an assistive animal in non-public areas. By completing this form, you are verifying that the individual fulfills all the necessary requirements.

1. \_\_\_\_\_ is my patient/client.
2. He/She has an impairment which substantially limits one or more major life activities.
3. A \_\_\_\_\_ (name the type of animal) has been shown to help individuals with this impairment.
4. The animal requested is able to alleviate symptoms of this impairment.
5. If a service animal is required, the requested animal is a dog which has been specifically trained to perform required tasks for the individual.

Please attached a prescription sheet or letterhead to verify your credentials as the diagnosing professional.

\_\_\_\_\_  
Signature

The Sands, A Condominium, Section I Association, Inc.

**MEDICAL NECESSITY VERIFICATION FORM**

**NOTICE:** Federal laws (under the Americans with Disabilities Act "ADA" and Fair Housing Act "FHA") have specific requirements for an accommodation to be made for an assistive animal or service animal. The individual must have a physical or mental impairment that substantially limits one or more major life activities. This means that they are unable to perform or are significantly restricted in their ability to perform major life activities such as walking, talking, hearing, seeing, breathing, learning, performing manual tasks, and caring for oneself. There must also be a relationship between the disability and the requested animal and a relationship between the individual and the ability of the animal to alleviate the individual's disability. If the individual requires an animal to accompany them in public areas, they require a service animal. According to the ADA (which governs public area accommodations), a service animal is not a pet, must be a dog and must be trained to perform the necessary task(s) needed for the disability. There are no such restrictions for an assistive animal in non-public areas. By completing this form, you are verifying that the individual fulfills all the necessary requirements.

The following is a list of questions that must be answered completely. Your answers will provide The Sands Section I Association, Inc. the information necessary to fully analyze the individual's claimed disability and the necessity for an accommodation. In lieu of answering each question below, you are permitted to attach the individual's medical records from which the answers can be derived.

1. What is the exact nature of the individual's impairment(s) that necessitates the request for a reasonable accommodation?

---

---

---

2. How long have you been treating the individual for the impairment(s) described above in Question No. 1?

---

---

---

3. When was the individual initially diagnosed with the impairment(s) described above in Question No. 1, and by whom?

---

---

---

4. What major life activities are substantially limited by the impairment(s) described above in Question No. 1, and how are the major life activities so limited?

---

---

---

---

5. What is the relationship between the impairment(s) described above in Question No. 1 and the assistive animal making the reasonable accommodation necessary for the individual?

---

---

---

---

6. Please describe your education, experience, and training in assessing the need for and prescribing an assistive or service animal as a treatment option for the impairment(s) described in Question No. 1.

---

---

---

---

7. Have you rendered any opinions to the individual that their impairment is permanent or temporary? If so, when were those opinions rendered and what was the prognosis reached by you?

---

---

---

---

Please attach a prescription sheet or letterhead to verify your credentials as the diagnosing professional.

---

Signature