

[Licensed Mental Health Professional Letterhead]

Date: [MM/DD/YYYY]

[Recipient's Name/Address]

[City, State ZIP]

RE: Emotional Support Animal Accommodation Request for [Patient's Full Name]

To Whom It May Concern,

I am writing as a licensed mental health professional [License Type and Number] regarding my patient, [Patient's Full Name]. I am currently treating [Patient] for a depressive disorder that substantially impacts one or more major life activities.

I hereby confirm that:

1. Patient Information:

- Name: [Patient's Full Name]
- Current Patient Status: Active
- Diagnosis: [Patient] has been diagnosed with a depressive disorder as classified in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5).

Specific diagnosis: [Choose appropriate ICD-10 code:

- F32.9 - Major Depressive Disorder, Single Episode
- F33.9 - Major Depressive Disorder, Recurrent
- F34.1 - Persistent Depressive Disorder (Dysthymia)
- F31.9 - Bipolar Disorder with depressive episodes]

2. Treatment Relationship:

- [Patient] has been under my professional care since [MM/YYYY]
- Our most recent evaluation occurred on [MM/DD/YYYY]
- Our treatment plan includes [brief description: e.g., "regular psychotherapy sessions, medication management, behavioral activation techniques, and support resources"]

3. Depressive Symptoms and ESA Benefit:

- [Patient]'s depressive disorder manifests with symptoms including [select relevant symptoms: persistent low mood, anhedonia (loss of interest or pleasure), reduced motivation, fatigue, sleep disturbance, feelings of worthlessness, difficulty concentrating, social withdrawal, reduced activity levels]
- These symptoms significantly impair daily functioning and quality of life
- I have determined that an emotional support animal provides specific therapeutic benefits for [Patient]'s depressive condition through:
 - Providing motivation for daily routine and self-care activities
 - Offering unconditional positive regard that counteracts negative self-perception

- Creating opportunities for positive interactions and emotional connection
 - Establishing a sense of purpose and responsibility
 - Encouraging physical activity and engagement with the environment
 - Providing tactile comfort and physiological calming
 - Reducing social isolation and facilitating social interaction
- The animal's presence provides consistent mood support and symptom relief that supplements other treatment modalities

4. Animal Information:

- Type/Breed: [Animal Type/Breed]
- Name: [Animal Name]
- Temperament: [e.g., "Gentle, affectionate, provides consistent emotional support"]

This letter is written in accordance with the Fair Housing Act (42 U.S.C. § 3601 et seq.), which requires housing providers to make reasonable accommodations for persons with disabilities, including those with depressive disorders requiring emotional support animals.

The emotional support animal's presence is an integral component of [Patient]'s depression management plan. Without this accommodation, [Patient]'s depressive symptoms would likely intensify, potentially causing significant deterioration in functioning and well-being.

If you require verification of my credentials or additional information regarding this accommodation request, please contact me directly at the information provided below. I would be happy to answer any questions regarding this recommendation within the bounds of patient confidentiality.

Sincerely,

[Signature]

[Full Name of Licensed Professional], [Credentials]

[License Type and Number]

[Practice Name]

[Practice Address]

[Phone Number]

[Email Address]