

3.H. CERTIFIED SERVICE ANIMALS AND/OR EMOTIONAL SUPPORT ANIMALS

- 1. Eligibility:** Persons holding a Foundation Issued Card may apply to be accompanied by a Certified Service Animal or Emotional Support Animal (herein referred to as Assistance Animals) in certain Foundation Common Areas or Amenities, subject to the following rules and application approval process.

- 2. Description**
 - 2.1 Assistance Animals are subject to the same rules and restrictions as pets as described in Section 3.G., unless approved through the reasonable accommodation application process described below.
 - 2.2 Such approval can grant Expanded Access to trams and outdoor dining areas for persons with a Foundation Issued Card and their accompanying Assistance Animal.

- 3. General Rules**
 - 3.1 It is the Member's/Tenant's/Guest's responsibility to ensure that the Assistance Animal is properly trained and behaves appropriately in public.
 - 3.2 Assistance Animals must have all current vaccinations.
 - 3.3 Assistance Animals may never be left alone and must be under the care and control of the Member/Tenant/Guest at all times while on Foundation property.
 - 3.4 Assistance Animals must be harnessed, leashed, caged or tethered at all times while on Foundation property. Leashes shall not exceed six (6) feet. Retractable leashes are not permitted on the berm. Assistance Animals cannot block or impede the berm, walkways or aisles.
 - 3.5 If an Assistance Animal urinates or defecates inappropriately on the premises, the Member/Tenant/Guest is responsible for clean-up and removal, including any cost to restore the area.
 - 3.6 Any Assistance Animal that displays aggressive behavior, causes a disturbance or becomes a nuisance shall result in Member/Tenant/Guest removing the animal from Foundation property.
 - 3.7 Assistance Animals may walk on the berm and in permitted Foundation Common Areas but must be under the control of the Member/Tenant/Guest, who must ensure safe, unimpeded passage of trams and others.

- 3.8 Repeated citation for violations of this provision may result in the Board's revoking the animal's access to Foundation Common Areas and Amenities.

4. Application

- 4.1 Members/Tenants/Guests must submit an Application (Exhibit A) to the Foundation for review and approval in order to be granted Expanded Access for their Assistance Animal. The application process cannot be waived even if the animal has existing certifications with airlines or other outside organizations.
- 4.2 Approval of an Assistance Animal shall be given on an annual basis; therefore, a Member/Tenant/Guest must complete the entire application process and resubmit current and updated documents each year.
- 4.3 Approval extends to a specific animal only and is not transferable to another animal. If circumstances change and/or the previously approved animal changes in any way, a new application must be submitted for review and approval.
- 4.4 Any violation of any rules by an Assistance Animal will be considered a violation by the Member/Tenant/Guest, and they will be required to remove the Assistance Animal from the premises. Approval for Expanded Access may be withdrawn.
- 4.5 Any and all liability for the actions of the animal is the sole responsibility of the Member/Tenant/Guest, and the Member/Tenant/Guest agrees to indemnify and hold the Pelican Bay Foundation harmless from any and all liability.

5. Rules for Expanded Access

5.1 Outdoor Restaurants or Events Where Food Is Being Served

- a. At Foundation restaurants or events where food is being served Assistance Animals are permitted in outdoor areas only.
- b. Members/Tenants/Guests may be asked to present their Foundation Issued Card to verify access with their Assistance Animal.
- c. Assistance Animals must remain on the floor, under the table and may not block walkways or aisles. Assistance Animals are not permitted to sit on someone's lap, sit at a table, be placed in a chair, or eat or be fed at the table.

5.2 Tram Access

- a. Members/Tenants/Guests who desire to use the boardwalks or go to the restaurants with their Assistance Animal must ride in a tram with their animal.

- b. Members/Tenants/Guests must present their Foundation Issued Card to Security or a Tram Driver for the Assistance Animal's access onto a tram.
 - c. All animals must be held firmly in the Member's/Tenant's/Guest's lap, or if too large, must sit on the floor of the tram. All of the animal's feet must be on the floor, and the animal must fit within the confines of the tram. No animals are permitted to sit on a seat while in a tram.
 - d. If another Member/Tenant/Guest has an issue with the animal getting on a tram, the Member/Tenant/Guest and their accompanying Assistance Animal will be asked to take the next tram. If an Assistance Animal is already on a tram, an objecting Member/Tenant/Guest will be asked to take the next tram.
- 6. Assistance Animal Restrictions:** Assistance Animals, even with approval for Expanded Access, are not permitted in the following areas:
- 6.1 Any inside dining, bar or kitchen areas.
 - 6.2 Any indoor areas where food is served.
 - 6.3 Any Collier County Beaches at any time per Collier County Ordinance.
 - 6.4 Any boardwalk, except when riding on a tram.

EXHIBIT A

APPLICATION FOR EMOTIONAL SUPPORT ANIMALS AND SERVICE ANIMALS

The Pelican Bay Foundation recognizes its duty to comply with the requirements of the Federal and Florida Fair Housing Acts and hereby adopts this policy on its procedure for handling reasonable accommodation and modification requests.

Under the Federal Housing Act, a person may, as a reasonable accommodation, keep an emotional support animal in their dwelling unit and use the Common Areas or Amenities, if three criteria are met:

- the person has a disability;
- the animal is necessary to afford the person with a disability an opportunity to use and enjoy the dwelling, Common Areas or Amenities; and
- there is an identifiable relationship or nexus between the disability and the assistance the animal provides.

It is the policy of the Pelican Bay Foundation to accommodate Emotional Support Animals and Service Animals (hereafter called “Assistance Animals”) under the guidelines of the Federal Housing Act; has adopted the following policies and procedures; and all Owners/Tenants/Guests must present the following information to the Pelican Bay Foundation for review and approval:

1. Member/Tenant or Guest Card.
2. Letter or Prescription from doctor dated within one year of date of application or a completed and signed Reasonable Accommodation Verification Form (see attached). The Letter or Prescription must include the following:
 - a. The Letter/Prescription must come from a doctor or other qualified health care provider.
 - b. Letter/Prescription must be on the health care provider’s letterhead and include their name, address, phone number and license number, if any.
 - c. The Letter/Prescription will need to explain the disability and the disability related need for the animal.
 - d. The Letter/Prescription must affirm that the animal alleviates at least one of the identified symptoms or effects of the existing disability. NOTE: The Pelican Bay Foundation has the right to request additional clarification or documentation, if necessary.

(NOTE: Air Carrier Access Act rules do not apply under the Fair Housing Act and will not be considered under the Foundation review process).

3. Vaccination Records for animal dated within one year of date of application.
4. Licenses from the applicable governing authority.
5. Current photo of owner and animal (Security can take photos for you at time of application)

6. Dates of visit.
7. Executed Acknowledgement Form (see attached).

**PELICAN BAY FOUNDATION
REASONABLE ACCOMMODATION VERIFICATION**

Please Complete and Return to:

Safety & Security Department
Pelican Bay Foundation
6251 Pelican Bay Boulevard
Naples, Florida 34108

THE FOLLOWING SECTION IS TO BE FILLED OUT BY THE DESIGNATED VERIFICATION SOURCE:

1. The individual seeking an accommodation is a person with a disability according to the following definition: *“Disability” is defined as a physical or mental impairment that substantially limits one or more major life activities; a record of having such an impairment, or being regarded as having such an impairment.*
[] YES [] NO

2. Describe the problem(s) that the person is having with the dwelling, building, property, practice, rule, policy, procedure, program or service:

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3. Describe the type of change(s), feature(s) or assistance required:

4. Using the checklist on page 2 of 2, indicate the functional limitation(s) (i.e. the way major life activities are substantially limited) of the person for whom the accommodation is requested.

5. Please describe the relation between the person's functional limitation(s) and the requested accommodation. Do not provide unnecessary details about the medical history or disabled status of

the person seeking an accommodation.

HEALTH CARE PROVIDER/VERIFICATION SOURCE INFORMATION:

SIGNATURE: _____ DATE: _____

PRINT NAME: _____ TITLE: _____

ADDRESS: _____

TELEPHONE NUMBER: _____ FAX: _____

EMAIL ADDRESS: _____

FUNCTIONAL LIMITATIONS OF MAJOR LIFE ACTIVITIES CHECKLIST

NAME: _____ DATE: _____

<p style="text-align: center;">TYPE OF MAJOR LIFE ACTIVITIES (check applicable)</p>	<p style="text-align: center;">DISABILITY STATUS D = Disabled (or) ND = Not Disabled Enter D or ND as applicable</p>
<input type="checkbox"/> Walking	
<input type="checkbox"/> Standing	
<input type="checkbox"/> Climbing	
<input type="checkbox"/> Bending	
<input type="checkbox"/> Stooping	
<input type="checkbox"/> Kneeling	
<input type="checkbox"/> Use of Hands	
<input type="checkbox"/> Reaching	
<input type="checkbox"/> Self-Care	
<input type="checkbox"/> Speaking	
<input type="checkbox"/> Breathing	
<input type="checkbox"/> Seeing	
<input type="checkbox"/> Hearing	

<input type="checkbox"/> Lifting	
<input type="checkbox"/> Intelligence (a person's capacity for understanding)	
<input type="checkbox"/> Thinking (the ability to form or conceive in the mind)	
<input type="checkbox"/> Perception (the brain's interpretation of internal and external stimuli)	
<input type="checkbox"/> Judgment (the ability to assess a given situation and act appropriately)	
<input type="checkbox"/> Mood (emotional tone underlying behavior)	
<input type="checkbox"/> Behavior (specifically examining behavior that is disruptive, distressing or aggressive)	
<input type="checkbox"/> Other (please specify in non-technical terms that simply describe what the person cannot do or has difficulty doing)	
<input type="checkbox"/> NOTES: Use Additional Page, if necessary	

HEALTH CARE PROVIDER/VERIFICATION SOURCE INFORMATION:

SIGNATURE: _____ DATE: _____

PRINT NAME: _____ TITLE: _____

ADDRESS: _____

TELEPHONE NUMBER: _____ FAX: _____

EMAIL ADDRESS: _____

ACKNOWLEDGEMENT AND AGREEMENT

By my signature below, I agree and understand, as Owner/Tenant/Guest of the Pelican Bay Foundation, that I have the sole responsibility for any and all liability relative to the actions of my Assistance Animal and agree to indemnify and hold the Pelican Bay Foundation harmless from any and all liability. Additionally, I have read, understand and agree to abide by the Policies, Procedures, Rules and Regulations as set forth by the Pelican Bay Foundation with regard to Assistance Animals.

Owner/Tenant/Guest:

Signature

Print Name:

Date:
