Crime Victim Compensation
Eighth Judicial District

201 LaPorte Avenue Ste 200
Fort Collins CO 80521
970-498-7290
www.larimer.org/da/vicwit/compensation.htm

MENTAL HEALTH PROVIDER APPLICATION

To be considered for payment from the Eighth Judicial District Crime Victim Compensation Program:

1. You must have a minimum of a Master's Degree and be state licensed; or
2. You must be actively pursuing licensure in the mental health field, and
    a. be supervised by a state licensed mental health provider, and
    b. be registered with Department of Regulatory Agencies as an unlicensed clinician; or
3. You must be enrolled in a therapy field internship with a Bachelor's Degree, and
    a. be actively pursuing a Master's Degree, and
    b. be supervised by a state licensed mental health provider, and
    c. be registered with Department of Regulatory Agencies as an unlicensed clinician.
4. You must be able to demonstrate current experience AND education relating specifically to the areas of expertise you select.
5. You must submit a resume for review by the Victim Compensation Board.

Please complete all sections of the following application. This information must be typed. You may use additional paper for any of your responses, if needed.

NAME: _____

AGENCY: _____

ADDRESS: _____

CITY: _____ STATE:_____ ZIP: _____PHONE: _____

EMAIL ADDRESS: _____

DEGREE(S): _____

INSTITUTION: _____

LICENSED: YES ☐ LICENSE NUMBER: _____

NO ☐ SUPERVISOR NAME _____ LICENSE NUMBER: _____

Please check at least **2** of the following areas of victimization that you feel most qualified to treat:

☐ Domestic Violence

☐ Adult Sexual Assault (stranger or acquaintance)

☐ Loss through Homicide or Vehicular Fatality

☐ Assault (non-familial, non-sexual assaults)

☐ Physical Child Abuse/Neglect

☐ Child Sexual Assault/Incest

☐ Other: _____

Please list SPECIFIC training and education you have received in the areas of victimization you have checked above to include course work, workshops, seminars, licensing, certifications, etc.

_____

Considering the two categories you checked above, please check any of the following that apply to your expertise and type of practice:

☐ Children ☐ Adults

☐ Adolescents ☐ Elderly

☐ Other (Specify) _____

Please list SPECIFIC training and education you have received in treating children and adolescents who have been victimized to include course work, workshops, seminars, licensing, certifications, etc.

_____

Do you prefer working with victims of diverse cultures? If so, which language(s) and cultures do you feel competent to treat?

_____

What training have you had in treating victims of crime from diverse cultures?

_____

1. What is your current hourly rate for an individual session? $ _____

2. Crime Victim Compensation will pay up to $90/hour for individual counseling for Master's level clinicians and $55/hour for Bachelor's level interns. If you charge more than that, are you willing to accept $90 or $55 as payment in full?
   YES ☐ NO*☐

3. Do you offer group sessions for the areas of victimization you checked above?

   YES ☐ NO ☐

4. What is your current hourly group rate? $ _____

5. Crime Victim Compensation will pay up to $40 for group counseling. If you charge more than that, are you willing to accept $40 as payment in full?

   YES ☐ NO*☐

*Marking NO to question 2 or 5 WILL NOT disqualify you from payment. It is simply information we would want to share with our clients so they can be informed of any cost to them.

FOR YOUR INFORMATION - PLEASE READ BEFORE SIGNING BELOW

The Eighth Judicial District Crime Victim Compensation Board requires pre-authorization of funds for our clients' mental health costs. We require the victim to complete a Crime Victim Compensation Application and his/her clinician to complete a Treatment Plan after a maximum of three previously approved assessment sessions. PLEASE NOTE: COMPLETION OF A VICTIM COMPENSATION APPLICATION DOES NOT GUARANTEE APPROVAL BY THE BOARD.

If the claim is approved, the Board can authorize a specific number of sessions through a predetermined date. If your client has insurance that covers mental health expenses, Victim Compensation will pay for the victim's responsibility (co-pay) up to $90.00 for individual/family sessions and $40.00 group therapy.

By signing below, you are affirming that you have read and understand the above information and that all of the information you have provided is true and accurate.

Clinician Printed Name and License #	Clinician Signature	Date

FOR UNLICENSED PROVIDERS – PLEASE READ BEFORE SIGNING BELOW

By signing below, I hereby certify I am actively pursuing licensure in the mental health field.

Clinician Printed Name and License #	Clinician Signature	Date

By signing below, I hereby certify I am actively supervising the above named clinician and am responsible for services/treatment rendered under his/her care.

Supervising Clinician Printed Name and License #	Supervising Clinician Signature	Date

PLEASE RETURN THIS FORM TO:
CRIME VICTIM COMPENSATION
201 LA PORTE AVE, SUITE 200
FT COLLINS , CO 80521-2763
Ph. 970-498-7290
Fx. 970-498-7250