

**APPLICATION FOR CONSIDERATION OF PLACEMENT ON 21st JUDICIAL DISTRICT VICTIM
COMPENSATION PROGRAM'S PSYCHOTHERAPIST REFERRAL LIST**

The Twenty-First Judicial District's Crime Victim Compensation Program's Psychotherapist Referral list is utilized by the Victim Witness staff. This referral list may also be utilized by the victim advocacy agencies of the Grand Junction Police Department and Mesa County Sheriff's Department.

To be considered for placement on the Twenty-First Judicial District Crime Victim Compensation Program's Psychotherapist Referral list:

- i. You must be a state licensed therapist; or
- ii. You must be supervised by a state licensed mental health provider and be registered with Department of Regulatory Agencies as an unlicensed therapist.
- iii. You must be able to demonstrate current experience AND education relating specifically to the areas of expertise you select.
- iv. You **must** submit an updated resume with references for review by the Victim Compensation Board every 12 months.

Please attach a copy of your current resume with references and license to this application. You must complete all sections of the following application. Please print or type responses. You may use additional pieces of paper for any of your responses, if needed.

Name: _____

Agency: _____

Office Street Address: _____

City: _____ Zip code: _____

Billing Address: _____

Phone: _____ Fax: _____

E-mail Address: _____

Degree(s): _____ Institution: _____

License Number: _____ Supervised by: _____

Supervisor's License Number: _____

1. Please identify any area of specialization. Also list any training, education, or experience you have professionally with crime victims. (Include dates and type of experience. For example: Individual counseling as a licensed psychologist, working with child victims of sexual assaults.)

Application for Mental Health Provider Referral List

2. Briefly describe your experience working with the criminal justice system (Including law enforcement agencies, district attorney offices, judicial.)

3. List specific treatment services that you offer to crime victims and/or their family members. (For instance, individual, non-offending parent, group, etc.)

4. List treatment modalities you prefer to utilize. (For instance, biblio-therapy, play-therapy, faith based, EMDR etc.)

5. Please indicate below if there are particular populations of clients you prefer to work with:

- | | |
|-----------------------------------|--------------------------------|
| <input type="radio"/> Elderly | <input type="radio"/> Women |
| <input type="radio"/> Adolescents | <input type="radio"/> Children |
| <input type="radio"/> Adults | <input type="radio"/> Men |

6. Please indicate the types of victimization and populations of clients you prefer to work with and number of years of experience in this area:

- | | |
|---|--|
| <input type="radio"/> Child abuse/neglect _____ | <input type="radio"/> Sexual assault _____ |
| <input type="radio"/> Incest _____ | <input type="radio"/> Assault _____ |
| <input type="radio"/> Domestic violence _____ | <input type="radio"/> Homicide survivors _____ |
| <input type="radio"/> Stalking/harassment _____ | <input type="radio"/> General trauma _____ |

7. Please indicate what special population you serve?

- | | |
|--|---|
| <input type="radio"/> Mental illness | <input type="radio"/> Suicide |
| <input type="radio"/> Visually impaired | <input type="radio"/> Physical disabilities |
| <input type="radio"/> Deaf/hard-of-hearing | <input type="radio"/> Other: _____ |

8. Do you prefer working with victim's of diverse cultures? If so, what language(s) and cultures do you feel competent to treat?

Application for Mental Health Provider Referral List

9. Please mark which, if any, of the following insurance payment options you accept:
- Aetna
 - United Healthcare
 - Rocky Mtn. Health Plan
 - Cigna
 - Ceridian
 - Colorado Indigent Care (CICP)
 - CHP+
 - Medicaid
 - Medicare
 - Self-pay discount
 - Crime Victim Compensation
 - Other: _____

Note: CVC is payer of last resort by statute 24-4.1-110(2).

10. Crime Victim Compensation will pay up to \$80/hour for individual and \$30 for group sessions. If you charge more than this, are you willing to accept Crime Victim Compensation payment as payment in full?
- Yes
 - No

NOTE: Marking no will NOT disqualify you from being on the referred list. It is simply information we would want to share with victims so they can be informed of any cost to them.

I hereby certify that I have read through and understand the 21st Judicial District Crime Victim Compensation Board Mental Health Policies and Procedures and that all information provided is true and accurate.

Therapist Signature

Date

I hereby certify that I am actively supervising the above named therapist and am responsible for services/treatment rendered under his/her care.

Supervising Therapist

Date