

To Our Valued Therapists,

First, we would like to thank all of you for your work with crime victims in the 18th Judicial District in Colorado. You are a very important and much needed resource for Colorado’s victims of crime. As we move forward, we are working diligently to update our databases so that we can provide the most current and helpful information to our crime victims about the therapists who accept Colorado’s Victim Compensation funds and we would very much appreciate your help with this process.

We are asking that you please fill out the attached therapist questionnaire and return it to our office at your earliest convenience. If you no longer wish to be listed as a provider that accepts Victim Compensation, please notify us of that information as well so that we can update our database. If you prefer to have the application e-mailed to you, please contact us by e-mail below and we will e-mail you the application.

You may either e-mail your questionnaire, fax it, or mail it to the addresses below:

Crime Victim Compensation Board—18th Judicial District

6450 S. Revere Parkway

Centennial, CO 80111

[**VictimComp@da18.state.co.us**](mailto:VictimComp@da18.state.co.us)

Phone: 720-874-8787

Fax: 720-733-4697

Again, thank you for working with Crime Victims in the 18th Judicial District. We look forward to continue to work with you, or to begin to work with you, and as always, please do not hesitate to contact us with any questions or concerns that you might have as you fill out this questionnaire.

Best regards,

Wendy Buter

Director, Victim Compensation/VALE Board

720.874.8607 (direct line)

720.733.4697 (fax line)

**APPLICATION FOR CONSIDERATION**

OF PAYMENT FROM THE 18th JUDICIAL DISTRICT’S

CRIME VICTIM COMPENSATION PROGRAM

If you have any questions or if you need any help filling out this application, please call 720-874-8787.

To be considered for payment from the Eighteenth 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
3. be supervised by a state licensed mental health provider
4. be registered with Department of Regulatory Agencies as an unlicensed therapist
5. You must be able to demonstrate current experience AND education relating specifically to the areas of expertise you declare.
6. You must submit a resume for review by the Victim Compensation Board.
7. If your agency or practice has multiple providers, each provider must complete the application for consideration.

***Please attach a copy of your current curriculum vitae and license to this application****.* Please 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. \*\*If you would like this form emailed to you, please email your request to [VictimComp@da18.state.co.us](mailto:VictimComp@da18.state.co.us) and one will be sent to you.

**Name:** Click here to enter text.

**Agency:** Click here to enter text.

**Office Street Address:** Click here to enter text.

**City:** Click here to enter text. **Zip code:** Click here to enter text.

**Billing Address:** Click here to enter text.

**Phone:** Click here to enter text. **Fax:** Click here to enter text.

**E-mail Address:** Click here to enter text. **Website:** Click here to enter text.

**Degree(s):** Click here to enter text. **Institution:** Click here to enter text.

**License Number:** Click here to enter text.

**Supervised by (if applicable):** Click here to enter text.

**Supervisor’s License Number:** Click here to enter text.

**Please answer the questions below:**

1. **Have you treated crime victims before?** Choose an item.
2. **Have you accepted Victim Compensation as payment previously?**

Choose an item.

1. **Has anyone ever filed a complaint against you with DORA (Department of Regulatory Agencies)?** Choose an item.

**If yes, please explain. (Please attach additional information if necessary.)**

Click here to enter text.

1. **Have you ever been convicted of a crime?** Choose an item.

**If yes, please explain. (Please attach additional information if necessary.)**

Click here to enter text.

1. **Please identify any area of specialization that you are trained for and provide services. 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.)**

Click here to enter text.

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

Click here to enter text.

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

Click here to enter text.

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

Click here to enter text.

1. **Please check below if there are particular populations of clients you *prefer* to work with:**

**All**

**Elderly**

**Adults**

**Adolescents**

**Women**

**Men**

**Children**

**Other -** Click here to enter text.

1. **Please indicate the types/kinds of victimization/trauma you *have education and/or experience* to work with:**

Click here to enter text.

1. **Do you have any special populations you serve?**

Click here to enter text.

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

Click here to enter text.

1. **Do you offer Weekend and/or Evening appointments?**

Click here to enter text.

1. **Please circle/indicate which, if any, of the following insurance payment options you accept:**

Aetna United Healthcare PacifiCare

Great West Kaiser Permanente Medicaid

Medicare Self-pay discount  Other - Click here to enter text.

1. Crime Victim Compensation will pay up to $90/hour for individual, $40 for group sessions and $35/hour for services rendered by an intern. If you normally charge more than this, are you willing to accept Crime Victim Compensation payment as payment in full and not charge the crime victims any additional fees?

Choose an item.

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

What other therapist(s) would you recommend to work with crime victims? We would like to reach out to other therapists that you recommend to fill out this questionnaire as well. If you have contact information, please provide the following:

**Name:** Click here to enter text.

**Agency:** Click here to enter text.

**Office Street Address:** Click here to enter text.

**City:** Click here to enter text. **Zip code:** Click here to enter text.

**Billing Address:** Click here to enter text.

**Phone:** Click here to enter text. **Fax:** Click here to enter text.

**E-mail Address:** Click here to enter text. **Website:** Click here to enter text.

PLEASE NOTE: Upon the receipt of a Victim Compensation application from the Crime Victim, the Crime Victim Compensation Board guarantees up to 3 therapy sessions. After which time, the therapist must submit a treatment plan, using the 18th Judicial District format. If you only see the patient, 3 sessions or under, please send an invoice and a brief letter, indicating why you saw the patient and why you are no longer seeing the patient. If you do not have a copy of the treatment plan format and would like one emailed to you or sent by mail, please send your request to [VictimComp@da18.state.co.us](mailto:VictimComp@da18.state.co.us) or call 720-874-8787.

I hereby certify all information provided in this questionnaire is true and accurate.

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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.

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Supervising Therapist Date

**PLEASE RETURN THIS FORM TO:**

**DISTRICT ATTORNEY’S OFFICE-EIGHTEENTH JUDICIAL DISTRICT**

**ATTENTION: CRIME VICTIM COMPENSATION**

**6450 S. Revere Parkway**

**Centennial, CO 80111-6492**

**Phone: 720-874-8787**

**Fax: 720-733-4697**

[VictimComp@da18.state.co.us](mailto:VictimComp@da18.state.co.us)