

**APPLICATION FOR PLACEMENT ON 21<sup>st</sup> JUDICIAL DISTRICT VICTIM  
COMPENSATION PROGRAM'S MENTAL HEALTH PROVIDER LIST**

The Twenty-First Judicial District's Crime Victim Compensation Program's Mental Health Provider list is utilized by the Victim Witness staff. This referral list may also be utilized by the victim advocacy agencies. To be considered for placement on the Twenty-First Judicial District Crime Victim Compensation Program's Mental Health Provider list you must:

1. Submit an application to become an approved therapist in this jurisdiction; and
2. Be a licensed therapist with the Department of Regulatory Agencies; or
3. Are supervised by a state licensed mental health provider and are registered with Department of Regulatory Agencies as an unlicensed therapist; or
4. Have a minimum of a master's degree and be directly supervised by a doctorate or licensed therapist; and
5. Have all treatment plans, extension request forms, or written requests for medication referrals reviewed by the doctorate or licensed therapist providing direct supervision, if applicable.

***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: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

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.)

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

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

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

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

- Elderly
- Adolescents
- Adults
- Women
- Children
- 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:

- Child abuse/neglect \_\_\_\_\_
- Incest \_\_\_\_\_
- Domestic violence \_\_\_\_\_
- Stalking/harassment \_\_\_\_\_
- Sexual assault \_\_\_\_\_
- Assault \_\_\_\_\_
- Homicide survivors \_\_\_\_\_
- General trauma \_\_\_\_\_

7. Please indicate what special population you serve?

- Mental illness
- Visually impaired
- Deaf/hard-of-hearing
- Suicide
- Physical disabilities
- 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?

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9. Please mark which, if any, of the following insurance payment options you accept:

- |                                                     |                                                 |
|-----------------------------------------------------|-------------------------------------------------|
| <input type="radio"/> Aetna                         | <input type="radio"/> CHP+                      |
| <input type="radio"/> United Healthcare             | <input type="radio"/> Medicaid                  |
| <input type="radio"/> Rocky Mtn. Health Plan        | <input type="radio"/> Medicare                  |
| <input type="radio"/> Cigna                         | <input type="radio"/> Self-pay discount         |
| <input type="radio"/> Ceridian                      | <input type="radio"/> Crime Victim Compensation |
| <input type="radio"/> Colorado Indigent Care (CICP) | <input type="radio"/> Other: _____              |

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

10. Crime Victim Compensation will pay up to \$100/hour for individual and family sessions, and \$50 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.**

11. To whom should checks be made payable?

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I hereby certify that I have read through and understand the 21<sup>st</sup> Judicial District Crime Victim Compensation Board Mental Health Provider Handbook and that all information provided is true and accurate.

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Therapist Signature

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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

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Date