

2. Please describe the behavioral and emotional symptoms currently displayed by the victim:

3. Please list any new or changes to treatment goals/objectives:

4. How do the changes in the treatment plan relate to the crime?

5. Number of additional sessions requested: _____

6. Frequency of therapeutic contacts: _____

7. New date of discharge with this patient: _____

CLIENT INSURANCE INFORMATION:

Has the Victim's insurance status changed since the initial treatment plan?	No	Yes
If 'Yes', how? _____		
Company Name: _____		
Policy Number: _____ Group Number: _____		

I understand that Crime Victim Compensation is, by state law, the payor of last resort, and I further agree to apply for any primary insurance benefits of my client, if eligible. I understand that Crime Victim Compensation can only pay for the client's out of pocket amount as indicated by insurance. I further agree to only bill Crime Victim Compensation for sessions that are part of the above submitted treatment plan. I agree not to bill Crime Victim Compensation for treatment outside of the above treatment plan.

The information contained herein is correct to the best of my knowledge, information and belief. I understand and agree to the following:
I am a licensed therapist, or under the supervision of, who has experience working with trauma victims.

I will accept the **Board's** hourly reimbursement of **\$100** for individual and family therapy and **\$50** for group therapy as payment in full; and, I will request any necessary extension 30 days prior to the termination date of any award made.

I swear and affirm under the penalty of perjury that the statements herein are true and correct to the best of my knowledge and belief.

Therapist Signature

Date

Therapist Supervisor Signature

Date

Client/Guardian Signature

Date

Once the Board has made an approval you will be notified in writing. The Board processes and issues payments only once a month, therefore payment could take up to 30 days after receiving an itemized bill/invoice.