

THERAPIST QUESTIONNAIRE
First Judicial District (Jefferson and Gilpin Counties)

❖ Please note that referrals are not made through the Crime Victim Compensation Program.

❖ **WE DO NOT ACCEPT HANDWRITTEN FORMS**

1. **Name:** Click or tap here to enter text.

Business Address: Click or tap here to enter text.

Check should be made payable to (name of person or agency): Click or tap here to enter text.

Mailing Address (where payments will be mailed): Click or tap here to enter text.

Phone: Click or tap here to enter text.

Fax: Click or tap here to enter text.

E-mail: Click or tap here to enter text.

Website: Click or tap here to enter text.

Would you like to be added to an approved provider list that is disbursed to law enforcement and district attorney advocates for referral purposes?

Yes

No

2. **Describe your expertise in working with crime victims:** Click or tap here to enter text.

3. **Identify the primary age of your clients, your specialties and preferred treatment modalities:** Click or tap here to enter text.

4. **Are you willing to accept the CVC pay fee schedule (see mental health packet) as payment in full for mental health sessions:** Click or tap here to enter text.

If not, are you willing to make other fee adjustments under certain circumstances? If yes, please explain: Click or tap here to enter text.

5. **Please list your degree(s) and year(s) of graduation:** Click or tap here to enter text.

Institution: Click or tap here to enter text.

License Number: (Please attach a current license to this questionnaire): Click or tap here to enter text.

If unlicensed, you are supervised by (if applicable): Click or tap here to enter text.

Supervisor's contact information: Click or tap here to enter text.

Supervisor's License number: Click or tap here to enter text.

6. **Identify course work or workshops you have completed concerning crime victimization:** Click or tap here to enter text.

7. **Please check below any of the following services which you provide:**

In person sessions

Teletherapy sessions, if using Teletherapy please list type of HIPPA approved platform that you use: Click or tap here to enter text.

Christian counseling

Treatment of developmentally delayed victims

Treatment of head-injured victims

Treatment of hearing-impaired victims

Alternate language If so, indicate language(s): Click or tap here to enter text.

EMDR

Thought Field Therapy

Equine-Assisted Therapy

- Treatment of a particular gender or age group** If so, please explain:
[Click or tap here to enter text.](#)
 - Perpetrator treatment**
 - Other** Please list: [Click or tap here to enter text.](#)
8. **Please list which, if any, insurance companies that you accept (including Medicaid/Medicare):** [Click or tap here to enter text.](#)
9. **If you are a provider outside of the state of Colorado, please provide the name and contact information for your state regulatory agency:** [Click or tap here to enter text.](#)

Please return to:
Crime Victim Compensation Program
Valarie Van Kam
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