



Application for Funding for Therapy, Counselling and Related Non-Therapeutic Expenses

To be completed by the Applicant

Client/Applicant Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Email: _____

I, _____ (Applicant's name), request access to funding for therapy, counselling or related non-therapeutic expenses under the Sexual Abuse Funding Program established by the College of Occupational Therapists of Ontario.

The abuse was reported to the College on _____ (date).

In signing this request to access funding for therapy, counselling or related non-therapeutic expenses through the College's Sexual Abuse Funding Program, I understand the following:

- The maximum amount of funding available for therapy or counselling is approximately \$17,500.00.
- The maximum amount of funding available for related non-therapeutic expenses is approximately \$7,500.00.
- Payments for therapy services are made directly to the therapist or counsellor by the College.
- Payment for related non-therapeutic expenses must be prepaid by me, the applicant, and original receipts and other supporting documentation submitted to the Patient Relations Committee for reimbursement to be considered.
- Payment for counselling and therapy services provided and related non-therapeutic expenses will begin on the day I am determined to be eligible to access funding.
- Payment for counselling and therapy may be applied by the College retroactively, to reimburse me for such services provided to me anytime after the sexual abuse took place.
- Funding for therapy, counselling and related non-therapeutic expenses is available for a period of five years. If I request reimbursement for past therapy and counselling costs, funding will be provided for 5 years from the day on which I first received therapy and



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counselling. Otherwise, funding will be available for 5 years from the day I became eligible for funding.

- The therapist or counsellor I choose cannot be someone who I have a family relationship with or who has been found guilty of professional misconduct or sexual abuse in any jurisdiction.
- There can be no duplicate payment for the same service. I will notify the College if any of the therapy and counselling services are covered by any public/private insurer.
- I understand that a decision made by the Patient Relations Committee that I am eligible for funding does not constitute a finding of guilt against the occupational therapist.

Applicant Signature: _____

Date: _____