



## Application for Funding for Therapy or Counselling

*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 or counselling under the Patient Relations 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 or counselling services through the College's Patient Relations program, I understand the following statements:

- The maximum amount of funding available for therapy or counselling is approximately \$16,000.00.
- Payments for therapy services are made directly to the therapist or counsellor by the College.
- Payment for counselling or therapy services provided will begin on the day I am determined to be eligible to access funding.
- Funding for therapy or counselling is available for a period of five years. If I request reimbursement for past therapy or counselling costs, funding will be provided for 5 years from the day on which I first received therapy or 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 a member of my family.
- There can be no duplicate payment for the same service. I will notify the College if any of the therapy or 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: \_\_\_\_\_