

**APPLICATION FOR FUNDING FOR THERAPY AND COUNSELLING**

Applicant Name:	_____
Address:	_____
Tel.:	_____
Name of Chiropractor:	_____
Address:	_____

Has there been a decision in this case:     Yes     No

If yes, date of decision or court hearing: \_\_\_\_\_

*If finding was made by a court, please attach a copy of the decision.*

Name of Counsellor:	_____
Address:	_____
Tel.:	_____

Is this counsellor a regulated health professional?     Yes     No     Don't know

If yes, please identify the college the counsellor is registered with: \_\_\_\_\_

Are the services of this counsellor covered by OHIP or another insurer?     Yes     No

If yes, please provide details: \_\_\_\_\_

Have you already attended counselling in relation to this case?     Yes     No

*If yes, attach copies of all invoices received to date.*

Expected start date of sessions: \_\_\_\_\_

Expected termination date: \_\_\_\_\_

Expected frequency:     Weekly     Bi-weekly     Monthly     Bi-monthly

Other: \_\_\_\_\_

Expected cost per session: \_\_\_\_\_

***I agree to allow the College of Chiropractors of Ontario (CCO) to contact the above named counsellor, as necessary, to provide my application for funding:***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_