

# The Center For Trauma & Resilience

Dear Therapist:

Thank you for your interest in being part of The Center for Trauma & Resilience's referral list of therapists. The Center has limited capacity to integrate new therapists who want to be part of the referral system. Currently, we have approximately 125 therapists in the database. We add new therapists three times a year, at the end of February, June, and October.

Currently, we are seeking therapists who meet one or more of the following criteria:

- Specific and demonstrated ethnic or cultural experience
- Spanish Speaking
- Offer free consultations and a sliding scale to \$40.
- Accept Victim Compensation as full payment, accept Medicaid or other insurance
- Male therapists
- Offer home visits

**Therapists are also required to accept at least one (1) pro-bono client a year.**

**Being part of CTR' s referral list does not guarantee you will receive referrals.**

The referral procedure works as follows:

- 1) When a client requests a referral to a private therapist, CTR will discuss the client's needs and preferences to make an appropriate referral.
- 2) After discussing needs and preferences, CTR gives the client three referrals based on the client's preferences. The client then has the choice of following through on the referral.

Please return the Referral Agreement along with a copy of your license and proof of insurance. Upon receipt of the Referral Agreement, we will forward your name to the Department of Regulatory Agencies as part of our routine screening procedures and liability protocol.

At some point during the year, we will invite therapists new to our referral system to come and meet with CTR staff counselors. These invitations are optional and are scheduled during our weekly counselors' meetings so that the setting is informal.

**We update address changes and other significant changes in the database as needed, and we encourage you to send us a note promptly when information needs to be changed.**

If you have any questions, please contact Enid Nieves at [enieves@traumahealth.org](mailto:enieves@traumahealth.org). If you have questions about the financial reimbursement, please call the Victim Compensation Program at (720) 913-9253. Thank you for your willingness to help crime victims.

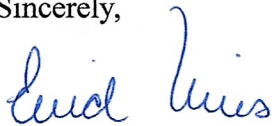
Please return this agreement to:

Mail: P. O. Box 18975, Denver, CO. 80218

Fax: (303) 831-7282

Email: [enieves@traumahealth.org](mailto:enieves@traumahealth.org)

Sincerely,

A handwritten signature in blue ink that reads "Enid Nieves". The signature is written in a cursive style with a large, looping initial "E".

Enid Nieves

Director of Helpline Services

# THE CENTER FOR TRAUMA & RESILIENCE

## Therapist Referral Agreement

The following agreement is executed between \_\_\_\_\_ (“the therapist”), and The Center for Trauma & Resilience (CTR).

Agency Name (if applicable): \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Gender: \_\_\_\_\_ Preferred Pronouns: \_\_\_\_\_

Office address: \_\_\_\_\_

Telephone/Fax/TTY(s) \_\_\_\_\_

E-mail address (required): \_\_\_\_\_

Website: \_\_\_\_\_

**This agreement is divided into two areas: CTR’s responsibility and the therapist’s responsibility.**

**CTR agrees to the following:**

- A. CTR will provide the following services to crime victims:
  - 1. Information and Referral
  - 2. Crisis Intervention and Counseling
  - 3. Advocacy and Assistance
  - 4. Case Management
  - 5. Trauma Sensitive Yoga
  - 6. NADA Protocol
- B. CTR will be open Monday–Friday from 9:00 a.m. to 5:00 p.m. and Saturdays from 9:00 am to 2:00 pm.
- C. CTR agrees to accept all crime victim referrals from the therapist. CTR will give them timely and courteous service, and give priority treatment to crime victims who have emergency needs.
- D. CTR agrees to work cooperatively with other agencies and individuals to ensure the best support, advocacy and services to victims of crime.
- E. CTR interviews crime victims for the type of referral they would prefer, including area of expertise, geographical area, age, ethnicity, language other than English, etc.

**The therapist agrees to the following:**

A. The therapist will provide the following services (e.g. group treatment, individual therapy, EMDR, medication assessments, etc.):

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

B. Credentials and Expertise:

Please give License Number(s):

\_\_\_\_\_

Degree(s): \_\_\_\_\_

Do you have \$1 million/3 million malpractice insurance?

Yes \_\_\_ No \_\_\_

**(Please attach photocopies of license and insurance certificate.)**

Please list only populations/crime victims with which you have demonstrated expertise: for example, children/adolescents (specify age range), disabled, domestic violence/men, domestic violence/women, elderly, ethnic (specify), gay/lesbian, grief, incest, pastoral counseling, perpetrators, post trauma, satanic/ritual abuse, sexual assault/men, sexual assault/ women, substance abuse, suicide, veterans, etc.):

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

C. Standard fees for services are:

Individual \$ \_\_\_\_\_ Couples \$ \_\_\_\_\_ Group/Family \$ \_\_\_\_\_

I will \_\_\_/will not \_\_\_ offer free consultations for potential clients.

I will \_\_\_/will not \_\_\_ be willing to use a sliding fee scale. The scale is \$ \_\_\_\_\_ to \$ \_\_\_\_\_.

I am willing to accept:

Victim Compensation \_\_\_yes/\_\_\_no;

Medicaid \_\_\_yes/\_\_\_no;

Medicare \_\_\_yes/\_\_\_no

Therapists are also required to accept at least one (1) pro\_\_\_bono client a year.



- D. Accessibility: Please check the services that are available at your office.
- |   |   |
|---|---|
| <input type="checkbox"/> American Sign Language | <input type="checkbox"/> Wheelchair accessibility |
| <input type="checkbox"/> Spanish language       | <input type="checkbox"/> TTY phone equipment      |
| <input type="checkbox"/> Other language(s):     | <input type="checkbox"/> Home/hospital visits     |
|   | <input type="checkbox"/> TeleHealth               |
- E. The therapist agrees to work cooperatively with other agencies and individuals to ensure the best support, advocacy and service to victims of crime.

This agreement is valid for two years after the signature date and only while license status is "Active" as defined by the Department of Regulatory Agencies (DORA).

\_\_\_\_\_  
Signature of Therapist

\_\_\_\_\_  
Date

\_\_\_\_\_  
Enid Nieves  
Director of Helpline Services

\_\_\_\_\_  
Date