

# Form C – Reimbursement Request

*(To be completed by the Applicant)*

Please complete this form if you have paid out-of-pocket for therapy or counselling costs and/or incurred costs directly as a result of attending therapy and would like to request reimbursement for these costs. This form can be submitted as part of your initial application for funding using [Form A: Funding Application](#), or can be submitted after you have been approved for funding by the Patient Relations Committee (PRC).

Invoices or receipts that list the therapy or counselling costs and session dates must be included with this form. If unavailable, an affidavit sworn by your therapist or counsellor in front of a commissioner of oaths may be acceptable in place of the invoices or receipts.

**Note: Funding for therapy or counselling can only be provided for a period of five years.** If you request reimbursement for therapy or counselling costs that you received prior to being approved for funding by the PRC, the five-year period will begin from the first day on which you submitted costs for.

## Applicant information

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

**Please contact us before submitting this form for reimbursement for out-of-pocket expenses. Depending on the type of therapy or counselling requested, your request may need to be considered by the PRC.**

### Therapy Fund

Phone: (416) 967-2644, ext. 211 /  
1-800-268-7096 ext. 211

Email: [therapyfund@cpso.on.ca](mailto:therapyfund@cpso.on.ca)

**Do you have other sources of funding available for this claim?**  Yes  No

Other sources of funding, such as a private insurance plan, must be used before claiming reimbursement for past costs. If your coverage does not pay the full amount of the therapy or counselling sessions, the College would pay the remaining balance.

If yes, please specify:

Source of funding or name of private insurer: \_\_\_\_\_

Annual claimable amount: \_\_\_\_\_

## Information about the therapy or counselling sessions

Type of therapy or counselling received: \_\_\_\_\_

Date(s) of therapy or counselling session(s): \_\_\_\_\_

Name of therapist or counsellor who provided the therapy or counselling:  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

Email address: \_\_\_\_\_

## Are you asking to be reimbursed for incidental costs directly related to accessing your therapy or counselling sessions?

Transportation, accommodation, childcare, or other incidental costs incurred directly as a result of attending therapy or counselling sessions can be considered by the PRC on a case-by-case basis.

The PRC will review expenses which are necessary in order for you to attend your therapy or counselling sessions that would otherwise prevent you from accessing your sessions.

Please complete the table below and include any applicable invoices, receipts, or proof-of-purchase as related to your claim(s).

Type of claim	Total cost	Date(s) and time(s)	Description	Receipt attached

## Attestations

By signing this document, I acknowledge and agree to the following:

1. I paid out-of-pocket for these therapy or counselling costs and related incidental costs and I have not already been reimbursed for these past costs. These incidental costs were necessary expenses in order to access my therapy or counselling sessions (if applicable).
2. I am claiming reimbursement for therapy or counselling sessions and related incidental costs (if applicable) that occurred after I experienced the alleged sexual abuse.
3. I have used all other sources of funding available to me before claiming reimbursement for therapy or counselling sessions and related incidental costs (if applicable). I have accurately identified any other sources of funding above and will notify the College immediately if there is any change. I understand that there can be no duplicate payment for the same service and funding can be terminated if I submit a fraudulent reimbursement claim.
4. I do not have any family relationship or any other potential conflict of interest with the therapist or counsellor.
5. I understand that in providing reimbursement for therapy or counselling, the College seeks to address the harm I suffered as a result of sexual abuse by a member and recognizes my entitlement to choose a therapist or counsellor subject to the restrictions outlined above. I acknowledge that I am assuming all risks and benefits related to the therapy or counselling provided to me.
6. I undertake to keep confidential all information obtained through the application for funding process and to refrain from using that information for any other purpose.
7. I confirm that the information contained in this form is correct to the best of my knowledge and will update the College if any of the information in this form has changed since originally submitted.

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Applicant signature

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Date