

APPLICATION FOR FUNDING FOR THERAPY AND COUNSELLING
(please print legibly)

| | |
|-----------------------|-------|
| Applicant Name: | _____ |
| Address: | _____ |
| Tel.: | _____ |
| Email: | _____ |
| 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.: | _____ |
| Email: | _____ |

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: _____
Printed Name

Witness: _____ Date: _____
Signature