

# THE DENVER CENTER FOR CRIME VICTIMS



Dear Therapist:

Thank you for your interest in being part of The Denver Center for Crime Victims' referral list of therapists.

The Denver Center for Crime Victims (DCCV) is a nonprofit, volunteer-based agency created to provide coordinated services to victims of crime. DCCV offers crisis counseling and advocacy in addition to linking crime victims to other community resources. All DCCV services are offered at no charge.

DCCV serves a diverse population of Denver, including persons of color (60% of DCCV clientele), persons with low income (75%), persons with disabilities (43%), persons who are elderly (15%), persons whose primary language is other than English (20%), victims who are gay and lesbian, child victims and their families, family members of homicide victims, victims of property crimes, and victims of gang violence and hate crimes.

The Center has limited capacity to integrate new therapists who want to be part of the referral system. Currently, we have approximately 100 therapists in the database. We add new therapists three times a year in **February, June and October**.

DCCV's referral procedure works as follows:

- 1) When a client requests referral to a private therapist, DCCV will discuss the client's needs and preferences in order to make an appropriate referral. This discussion may include:
  - \* Therapist's education and specialization
  - \* Therapist's gender or ethnicity
  - \* Cost of therapy and acceptable methods of payment
  - \* Special communication skills (such as Spanish language or American Sign Language)
  - \* Geographic area
  - \* Hours of availability
  - \* Office accessibility by wheelchair and/or availability of home visits
- 2) After discussing needs and preferences, DCCV 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 DCCV 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 about the above procedures or about the Center, please contact me at (303) 860-0660. If you have questions about the financial reimbursement, please call the Victim Compensation Program at (720) 913-9253. Thank you for your patience and your willingness to help crime victims.

Sincerely,

Cathy Phelps, M.A., LCSW  
Executive Director

Enc: Referral Agreement

# THE DENVER CENTER FOR CRIME VICTIMS

## THE DENVER CENTER FOR CRIME VICTIMS THERAPIST REFERRAL AGREEMENT

The following agreement is executed between \_\_\_\_\_

(“the therapist”), and The Denver Center for Crime Victims (DCCV).

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

Mailing address: \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (ZIP) \_\_\_\_\_

Office address(es): \_\_\_\_\_

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

E-mail address: \_\_\_\_\_

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

DCCV agrees to the following:

- A. DCCV will provide the following services to crime victims:
  - a. Information and Referral
  - b. Crisis Intervention and Counseling
  - c. Advocacy and Assistance
  - d. Case Management
- B. DCCV will be open Monday–Friday from 9:00 a.m. to 5:00 p.m. DCCV will use on-call counselor staff to receive emergency calls when the Center is not open.
- C. DCCV agrees to accept all crime victim referrals from the therapist. DCCV will give them timely and courteous service, and give priority treatment to crime victims who have emergency needs.
- D. DCCV agrees to work cooperatively with other agencies and individuals to ensure the best support, advocacy and services to victims of crime.
- E. DCCV 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:

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

(over)

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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

I will \_\_\_\_\_/will not \_\_\_\_\_ be willing to discuss/provide pro bono services for \_\_\_\_\_ (number) clients during the year if practice space is available.

D. Accessibility: Please check the services that are available at your office.

\_\_\_American Sign Language                      \_\_\_Wheelchair accessibility

\_\_\_Spanish language                              \_\_\_TTY phone equipment

\_\_\_Other language(s):                            \_\_\_Home/hospital visits

\_\_\_\_\_

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.

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Cathy Phelps, M.A., LCSW., Executive Director  
The Denver Center for Crime Victims