

# Application for funding for therapy and counselling – Form A

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COLLEGE OF CHIROPODISTS OF ONTARIO  
*Regulating Chiropodists and Podiatrists in Ontario*

My name is \_\_\_\_\_

I was sexually abused by \_\_\_\_\_ (the  
chiropractors/podiatrist) while I was their patient.

The abuse started \_\_\_\_\_ and ended \_\_\_\_\_.  
Date Date

I am asking for funding for therapy and counselling as a result of this sexual abuse. I understand the Patient Relations Committee will decide whether I qualify for this funding. I understand that all payments will be made directly to the therapist/counsellor.

1. I am seeking funding for therapy and counselling that (choose one):

- started on \_\_\_\_\_, before I told the College about the abuse and the therapy is continuing.
- started on \_\_\_\_\_, after I told the College about the abuse and has not started yet.
- Other \_\_\_\_\_

2. My therapist/counsellor for the purpose of the Program are:

\_\_\_\_\_  
\_\_\_\_\_

3. I do not have a family relationship with my therapist/counsellor. I understand and agree that the term “family relationship” includes any family relationship established through marriage.

4. I have provided contact information for my therapist/counsellor, any other therapist/counsellor who has provided me with therapy and counselling related to this matter in the past, and my private health insurance provider(s). I understand the College may contact these individuals or companies to determine how much funding I am eligible for.

5. I understand that my therapist or counsellor and I will need to complete a therapist/applicant information form (Form B).

Date \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Print Name \_\_\_\_\_

**Applicant's contact information**

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Phone:

Email:

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Address: