



# Additional Counseling Sessions Request Form

Rev. 07/14

State Office of Victim Assistance - 1205 Pendleton St., Brown Bldg., Room 401, Columbia, SC 29201 - Phone: 803.734.1900 Fax: 803.734.2261

Today's Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date of this victim's first session: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

- SOVA's mental health policy provides an incremental approach to outpatient mental health sessions' limitation.
- This form must be submitted to request approval/preauthorization for payment of additional sessions.
- Approval/preauthorization is contingent upon the rationale behind the need and the details provided.
- The information provided must include a goal-directed treatment plan and a summary of your assessment toward meeting those goals.

Specific training and qualification: The provider must be a Licensed Mental Health Professional, who has received specific training in evidence based treatment that have been shown to be effective in meeting the needs of criminal victimization on adults, children and families.

Victim's Legal Name \_\_\_\_\_ Claimant (if a different person) \_\_\_\_\_

SOVA Claim# \_\_\_\_\_ Crime Date: \_\_\_\_\_

Briefly describe the symptoms/conditions you are treating that are a **direct** result of the crime.

Provide the multiaxial diagnosis: \_\_\_\_\_

**Has there been substantial progress toward recovery from the crime related condition?**

YES     NO

Estimate duration of treatment: From \_\_\_\_\_ To \_\_\_\_\_ How many additional sessions are you requesting? \_\_\_\_\_

Treatment Plan:

1) What is your diagnosis? \_\_\_\_\_

2) What is your Evidence Based Treatment model? \_\_\_\_\_

3) What is your training in the use of this model? \_\_\_\_\_

4) What is your plan for termination? \_\_\_\_\_

The Provider must provide the following information: The victim/claimant must sign and date this form:

\_\_\_\_\_  
Provider: Print Name, License Type - Number

\_\_\_\_\_  
Victim/Claimant: Name and Date

\_\_\_\_\_  
Name of Facility/Business

\_\_\_\_\_  
Phone Number