



No More Stolen Childhoods (NMSC) believes that counseling provides adult victims of childhood sexual abuse an opportunity for them to process their abuse in a safe, therapeutic setting. Our goal is that victims move towards healing and see themselves as survivors.

We recognize that cost can be a barrier to care. To address this concern, we are offering counseling grants to licensed therapists who are trained to work with adult survivors of abuse. We will issue grants, to cover co-pays if the client is using insurance for their counseling, to cover the cost difference between a pre-approved adjusted fee scale or for full-service costs. Grants cannot exceed \$2,000 per client.

We will issue grants directly to the therapist with the following parameters:

- Therapist agrees to contact NMSC, prior to sharing grant information with client, to ensure that funds for the program year are available.
- Therapist agrees to collect basic demographic information on the client and provide that information to NMSC for use in fundraising and reports to donors.
- Therapist understands that negotiating a fee structure with their client for services provided does not involve NMSC and that grant funds cannot be used to cover costs associated with missed appointments.
- Therapist agrees to be listed as a referral to adult victims of childhood sexual abuse seeking counseling through contact with NMSC. Acceptance of clients is solely at the discretion of the therapist.
- Therapist agrees to maintain license in good standing in the State of Maryland and to inform NMSC, in writing, in the event that the status of licensure changes.
- NMSC will issue reimbursement for funds monthly. Request for payment must be received by the 5th of the month for services rendered in the previous month. Requests received after that date will be processed in the next payment cycle.
- All requests for payment must be received within twelve months of the grants issue date.
- NMSC take all appropriate measures to maintain confidentiality of client information. When therapist requests reimbursement they should only use client's initials and birth year as a reference point.

Questions regarding this program should be directed to Vanessa Milio, Executive Director at vmilio@nomorestolenchildhoods.com or by phone (443)310-9624.



I _____ authorize _____
(print client name) (print therapist name)

to seek, on my behalf, reimbursement for services from No More Stolen Childhoods (NMSC).

I understand that No More Stolen Childhoods will reimburse for therapeutic services only. I understand that the maximum total reimbursement from No More Stolen Childhoods for services rendered is \$2,000. I understand that this grant agreement is between NMSC and my therapist.

_____	_____
Client	Date
_____	_____
Therapist	Date

Client Initials: _____

Client Birth Year: _____

County where Client Resides: _____

County of Therapy Practice Location: _____

Therapist shall redact client's name and signature above before returning to No More Stolen Childhoods (NMSC). NMSC will not have any identifying client information other than the four lines above. NMSC will not provide or sell this information to any person or organization. NMSC will provide statistical overviews of client birth year and county of residence with donors as required to secure funding for this program initiative.

Return completed form to Vanessa Milio, Executive Director at vmilio@nomorestolenchildhoods.com