

Dear Therapist and Student,

Thank you for agreeing to establish services/continue working with the below named student. The Curriculum in Toxicology and Environmental Medicine with University of North Carolina has set aside a limited amount of monies to help a client get established with/continued seeing a therapist within the community.

As the therapist contracting with this student for therapy, I understand the following:

- Reimbursement for therapy session is time limited. The client must be actively enrolled in classes for the current semester/summer session to be eligible for financial assistance.
- The student will return this signed form to finalize the process of requesting funding.
- Students are given the approved amount of funding in a lump sum at the time of approval and are expected to budget this along with their agreed contribution to cover the agreed upon number of sessions (see below for these amounts).
- University and department funding is limited. Continuation of services beyond a semester/summer for financial assistance consideration are determined on a case-by-case basis by the Counseling and Psychological Services (CAPS) Referral Coordinators. Please provide a letter stating treatment summary, treatment goals, progress in treatment and continued goals as well as the number of sessions attended during the previous funding period to your client to be used to determine continued funding.

As the student seeking mental health services within the community, I understand the following:

- I must be actively enrolled in classes for the current semester/session that I am seeking financial assistance for services with a community provider.
- I must complete this signed agreement at or before the first session and return it to the CAPS referral coordinators to finalize request for funds.
- My funding, though disbursed in a lump sum, is intended to cover the treatment period below. I will budget my money and the funding awarded accordingly to complete the stated sessions below.
- I will keep all receipts and Evidence of Benefits (EOB) statements from insurance for treatment and payment received with this funding should review be needed.
- If continuation of services is needed after the initial funded period, I must receive a letter from my provider detailing my treatment so far, goals for therapy, progress made and needed continued work. This letter should be sent by the student to CAPSreferrals@unc.edu for review by the Staff Referral Coordinators.
- **No retroactive funding will be provided for continued therapy. I must complete the above process if I wish to have funding for continued treatment.**
- **I acknowledge and agree that upon return of this agreement, my name and PID will be sent to the Business Services Coordinator and Student Services Manager of the Curriculum in Toxicology and Environmental Medicine (David Chapman).**

_____ to receive funding to support with costs for _____ sessions of therapy, of which _____ will contribute _____ . A total approved funding amount of \$_____ will be awarded upon return on this agreement.

Client Signature

PID

Date

Therapist Signature

Date