Memorandum of Understanding
Counseling Assistance Program (CAP)

Change the Conversation, Inc., and _____ (organization/practice name) have partnered to serve those impacted by child sexual abuse through the provision of mental health counseling services. The Counseling Assistance Program (CAP) is funded through various private donors, grants, and Foundations. As such, several funding requirements exist, including data collection and participant criteria. In order to determine eligibility, all applicants must be asked each question listed on the Client Profile Form.

_____ and _____ agrees to:

Organization Name **Rendering Clinician**

- Submit forms (Organization, Clinician and Client Profiles) that are complete and timely.
- Ensure rendering clinicians provide counseling services in accordance with licensure, COMAR regulations and scope of practice.
- Ensure clinicians have the appropriate training and qualifications to serve those impacted by child sexual abuse.
- Use grant funds to serve those seeking counseling related to child sexual abuse.
- Adhere to all provisions listed in the approval process, including frequency of services and length of funding.
- Submit invoices within 5 days of the previous service month.
- Notify Change the Conversation (CTC) if at any time information provided in the Organization, Clinician or Client Profiles changes.
- Complete Post Services Survey within 10 days of treatment ending.
- Accept a fee of $35 for any stop-payment requests.

CTC agrees to:

- Serve adults impacted by child sexual abuse by funding ongoing counseling sessions with a licensed clinician.
- Ensure that all clinicians have training, experience and qualifications to serve those impacted by child sexual abuse. This will be evidenced by the information submitted on the Organizational and Clinician Profiles.
- Review and communicate a decision on all complete applications within 15 business days of submission.
- Pay invoices within 30 days of submission.

Organizational Representative Signature:		Rendering Clinician Signature:	
Printed Name:		Printed Name:	
Title:		Title:	
Date:		Date:	

CTC Signature:	Title: Executive Director	Date: