



## 2018 *SwimAssist* Program Overview

For more information, please contact USA Swimming Safe Sport staff at [safesport@usaswimming.org](mailto:safesport@usaswimming.org) or 719 866-4578.

### Available Programs

#### **Initial Counseling**

- USA Swimming offers financial assistance to survivors to receive counseling for the harm they suffered related to participating in USA Swimming.
- The survivor will be asked to identify the offending member and the year or year(s) the harm occurred. No other information is required to receive *SwimAssist*.
- Any current or former member of USA Swimming who has suffered harm perpetrated by an individual who at the time of the harm was (1) a member of USA Swimming and (2) participating in the activities of USA Swimming is eligible for *SwimAssist*.
- Receipt of support is not dependent on the survivor's participation in a National Board of Review or other USA Swimming disciplinary proceeding.
- *SwimAssist* is available to those individuals involved in future cases as well as survivors from past cases.
- The survivor and his/her family will select the provider. USA Swimming may assist in identifying local resources for the survivor but will not have any input or final say in what therapist the survivor chooses.
- The survivor may select any therapist or other counseling provider he/she wishes.
- The initial level of assistance is 12 sessions at a maximum of \$150 per session up to a maximum \$1800.

#### **Ongoing Counseling**

- If a survivor has completed the initial 12 sessions with financial assistance from *SwimAssist*, he/she may request additional support for ongoing therapy.
- The survivor will be asked to submit a progress report from his/her therapist indicating that the therapy has benefitted the client and that with further therapy, the client will continue to progress.
- The report will be reviewed for approval by the *SwimAssist* Panel.
- This panel may approve ongoing therapy for 12-48 sessions at \$150 per session up to a maximum of \$7200.

#### **Alternative Assistance**

- A survivor may ask for assistance in some form other than traditional counseling/therapy. Examples of such services include, but are not limited to:
  - Fees related to continued participation in the sport of swimming
  - Rehabilitation treatment
  - Alternative therapies
- Request must be made in writing and submitted to the *SwimAssist*. To assist the survivor, USA Swimming Safe Sport staff can facilitate the written form and submit it to the panel on the survivor's behalf. The written request must contain a description of the services sought including promotional materials, brochure, or other program description if available.
- Each case will be considered on an individual basis.
- Requests can be made for up to \$9,000 and must be approved by the *SwimAssist* Panel.

#### **Funding**

- The maximum lifetime amount an individual can receive from any of the three programs (Initial Counseling, Ongoing Counseling, or Alternative Assistance) is \$9000.
- Should a survivor request assistance more than \$9000, the survivor can submit a request for additional support. Request must include specific amount requested, service to which the support will go, and a letter from the provider stating the value of the program for the survivor's recovery.

- Fees will be paid by USA Swimming directly to the provider as invoiced by the provider. The provider will be selected by the survivor.
- Invoices may be submitted to the USA Swimming Safe Sport staff contact for your case.
- USA Swimming must have a W9 from the provider in order to process payment.

**Implementation**

The *SwimAssist* Panel will be a three-person standing panel appointed by the Board Chair. The panel includes a Safe Sport Committee member, an outside expert in the field, and a staff member. All members of the Panel are required to sign a confidentiality statement as a condition of service.

Safe Sport staff will serve as the liaisons between survivors and USA Swimming to administer *SwimAssist*. At its discretion, staff can offer the Initial Counseling program. For requests of Ongoing Counseling or Alternative Assistance, staff will work with the survivor to complete the necessary paperwork and collect whatever supporting materials are required to submit to the *SwimAssist* panel. Staff will also be responsible for working with the USA Swimming financial department to complete check requests, reimbursements, and any other steps necessary to process payment.

Please complete the following:

**Program Requested:**    Initial Counseling    Ongoing Counseling    Alternative Assistance

**Individual Receiving Requested Services**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Contact Person for *SwimAssist* Funding (if not survivor)**

Name: \_\_\_\_\_ Relation to Survivor: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Funding Recipient Statement:**

I have read and understand the USA Swimming *SwimAssist* program. I understand that USA Swimming will pay fees for services directly to the provider based on invoices from the service provider. I understand that I am responsible for connecting the service provider to USA Swimming or for providing the invoices from the service provider to USA Swimming.

Signature (Parent/Guardian if recipient under 18): \_\_\_\_\_

Print: \_\_\_\_\_ Date: \_\_\_\_\_