



APPLICATION

2022



SUPPORT@BRAVESTEP.ORG
970 Stafford Farm Road, Concord, N.C. 28025



Brave Step's Mission

Brave Step empowers individuals who have been impacted by sexual violence. To shape a strong, supportive community, we:

- Provide personalized services that help adults impacted by sexual violence reclaim the life they deserve;
- Foster brave public conversations; and
- Cultivate courageous changemakers.

Applicant Criteria

- **Survivors**

The following criteria apply.

1. Any person over 18
2. Has experienced sexual abuse or sexual assault at any time
3. Is experiencing struggle in daily life
4. Is capable of participating in talk therapy
5. Is willing to commit to and participate in their own recovery/healing

Individuals are not eligible to receive services if the person:

1. Is receiving therapy services elsewhere (specific to individual therapy unless applying for Neurofeedback therapy).
2. Has a severe dissociative disorder.
3. Has a severe developmental or communication disorder that would prevent them from participating in talk therapy.
4. Is actively abusing alcohol or drugs in a manner that would prevent them from participating in therapy. It is expected that an individual would be referred for substance abuse treatment prior to participating in therapy for sexual trauma. Please note that sobriety or being free from drugs for at least six months is required.
5. Has one or more convictions for sexual assault.

- **Loved Ones of Survivors**

Family members, such as parents, siblings, immediate family members, spouses or close friends of sexual abuse survivors may apply to receive counseling services if they meet these criteria:

1. Any person over 18
2. Is a family member or friend of someone who has experienced sexual trauma
3. Is experiencing struggle in daily life
4. Is capable of participating in talk therapy
5. Is willing to commit to and participate in their own recovery/healing

Family members or close friends may not be accepted to participate in counseling services if the person:

1. Is receiving therapy services elsewhere;



2. Has a severe dissociative disorder;
3. Has a severe developmental or communication disorder that would prevent them from participating in talk therapy;
4. Is actively abusing alcohol or drugs in a manner that would prevent them from participating in therapy; or
5. Demonstrates negative behavior that might harm other members of the support group or efforts of the group at large.

Brave Step's Loved Ones Psychoeducation Program: Family members, such as parents, siblings, immediate family members, spouses or close friends of sexual abuse survivors may also apply to participate in the psychoeducation program that will teach you about the impact of sexual violence, your role as an ally, arm you with knowledge and skills, and offer support from others in similar experiences. To learn more and apply, visit <https://bravestep.org/lovedones/>.

Treatment Philosophy

Brave Step's treatment philosophy centers on the needs of those affected by sexual violence. Utilizing industry best practices for trauma, Brave Step is invested in offering individual and group sessions that provide integrated, holistic treatment to help individuals and their loved ones recover from the life-changing experience.

For more details on Brave Step's Commitments and Treatment Philosophy, please visit [brave-step-treatment-philosophy-updated-2.18.17.pdf \(kinsta.cloud\)](#).

Our Services

Brave Step custom designs its services to best meet the needs of an individual.

Individual Therapy:

- Weekly sessions for a minimum of an hour with a trauma specialist.
- 26 sessions of individual therapy with an experienced trauma therapist who utilizes the most effective trauma modality - SE, IFS, EMDR, etc.
- Neurofeedback option: If currently in therapy, Brave Step also offers up to 26 sessions of neurofeedback to complement therapeutic services. [Neurofeedback](#) is an evidence-based form of treatment for symptoms of childhood abuse, complex trauma as well as PTSD.
- Treatment must be completed within one year, unless otherwise agreed upon.

Group Counseling:

- Maximum of 6-8 people per session led by a trauma therapist.
- Same sex groups.
- Sessions are expected to last 1.5 – 2 hours in length once a week for 12 sessions.

Peer-Led Support Groups

- Peer-led support groups offer connection and understanding with other survivors. Women affected by sexual abuse can participate in a free survivor-led support groups: Courageous



Corner is a survivor-led group thus medical advice cannot be provided. This is a place to find understanding, shared experiences and support from people with similar experiences. This group is not a substitute for proper medical care.

- Courageous Corner meets virtually on the first Wednesday of the month and in-person on the third Tuesday of each month. The meetings are 6:30-8:00 p.m.
- Courageous Creators and Courageous Book Club are additional survivor-led groups that focus on using art and reading as a tool for self-care and self-healing.
- For an updated schedule and meeting details, please email peergroups@bravestep.org

Empowerment Programs:

- To help a person achieve the “unachievable” and overcome obstacles, Brave Step offers a variety of empowerment options where the person selects a challenge like completing a 5k, self-defense classes, trauma-informed yoga, etc. Brave Step then gives the individual the necessary tools to succeed and build confidence.

Finding One’s Voice:

- This phase can be a variety of options from helping a survivor tell a loved one, online support group, alumni meetings, journaling and more.

Brave Step’s Policies

As a survivor or the loved one of a survivor, you deserve to lead your best life, but quality trauma care can be expensive, difficult to find, and challenging to understand what services will garner the best outcomes. Brave Step makes the process easier and allows more survivors and their loved ones the opportunity to access care. The benefit of Brave Step’s program is personalized service, one that is designed to give you optimal results that are affordable and obtainable.

- **Risks and Limitations:** The healing process is difficult. There are ups and downs with the possibility for emotional challenges, stress and life changes as a result of therapy. Taking a brave step can involve the recollection of unpleasant and uncomfortable events in your life. While Brave Step is committed to helping you on your road to recovery, we cannot guarantee results or outcomes. You are critical to the success of the program.
- **Privacy and Confidentiality:** All sessions and records are strictly confidential except where state law requires the reporting of threats of violence, harm to self or others, or child abuse and neglect (from evidence or suspicion), or when the court orders the release of information. Brave Step will request a report from each therapist on your progress which will also be kept confidential.
- **Termination Policy:** Each person has the power to terminate its relationship with Brave Step at any time. However, services will not be offered if:
 - You do not show up for an appointment or fail to give 24-hour notice to your therapist.
 - You repeatedly miss appointments over the specified course of time.

Notice of Nondiscrimination Rights & Protections to Beneficiaries

- Brave Step operates its program, services, and activities in compliance with federal nondiscrimination laws. No person shall, on the basis of race, color, national origin



(including limited English proficiency), disability, religion, sex, gender identity, sexual orientation, or age, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any of our programs.

- To file a complaint of discrimination, write Office of Civil Rights, Office of Justice Programs, Civil Rights Responsibilities and Requirements for GCC Grantees Rev. 8/28/19 GCC-101C U.S. Department of Justice (OCR), 810 7th Street, NW, Washington, DC 20531 or call 202-307-0690 (Voice) or 202-307-2027 (TDD/TTY). Individuals who are hearing impaired or have speech disabilities may also contact OCR through the Federal Relay Service at 800-877-8339 (TTY), 877-877-8982 (Speech) or 800-845-6136 (Spanish)

Insurance and Financial Assistance

- **Insurance:** For those with insurance, many of Brave Step's carefully-vetted therapists accept insurance. Our team works diligently to find the right fit for care and one who accepts your insurance.
 - Once assigned a therapist, insurance will be filed by that therapist.
 - Up to \$50 co-pay assistance is offered to people whose household income is less than \$85,321.
 - An assessment of the co-pay will be discussed between the therapist and Brave Step.
- **Financial assistance/Sliding Scale:** If financial assistance is needed, Brave Step offers service on a sliding-scale fee.

To determine what that fee will be, Brave Step will request:

- A copy of the individual's Federal Form 1040 and the e-file form.
 - If the 1040 is not available, two current pay stubs may be provided as an alternate. This information must be submitted via mail or fax.
- Based on the supplied forms and the Federal Poverty Guidelines, Brave Step will identify the sliding scale rate and discuss that rate with the client during the assessment process.
- Following the assessment, Brave Step will follow up with the client to request payment prior to counseling starting.
 - Payment options include PayPal, cash, check or money order.
 - Clients will receive an invoice for the upcoming month of service.
- Brave Step reserves the right to pause and/or cancel counseling if a client refuses to make payment or is behind on payment for a month or more.
- **Self-Pay:** Clients that are willing to self-pay for Brave Step programs are not required to submit Form 1040. For clients covering all charges, billing for self-pay or co-pay will be managed directly by their trauma therapist.
 - Brave Step receives a preferred rate with its trauma therapists. It is a benefit to clients and cost savings to work through Brave Step to ensure the right fit for care and the most economical.

Therapist Determination

Trauma therapy is not one size fits all. It is critical for Brave Step to help you map a realistic plan to address the life-impacting effects of sexual abuse. It's also critical to identify an appropriate therapist based on his/her qualifications for assisting the courageous.



Your Responsibility:

- Inform Brave Step if you have concerns at any time with your therapist.
- It often takes a combination of therapy approaches to begin the healing process. It is your responsibility to communicate what you like and don't like to your therapist and Brave Step.
- Actively engage in the process of identifying your therapist.
- Participate in a 30-45 minute intake to help ensure the best match.
- Be honest and open as we take this journey together.

APPLICATION PROCESS

1. The application form is included in this document. Please complete the form in its entirety. When returning your application, please note that including your Federal 1040 form and e-file confirmation will expedite the process.
2. Brave Step will review applications upon receipt and make a prompt decision regarding approval. If additional documentation is needed such as the Federal Form 1040, Brave Step will follow up to request those documents.
3. Based on Brave Step's decision, applicants will receive a communication relating to status. Based on funding and available spaces, you may be placed on a wait list.
4. If approved, Brave Step will schedule and conduct an in-depth interview with you about your history and with your support, design a road map for care.
5. Based on the selected care, Brave Step will coordinate next steps. Steps could include providing therapist options for the selection of one, scheduling the empowerment program of choice, etc.

APPLICATION SUGGESTIONS

1. Download the application to your computer desktop or other location. Then, open the application from your desktop or saved location.
2. The application may be filled out using [Adobe Reader](#) or you may print and complete. If submitting a written application, please print as legible as possible.
3. Fill in the application questions completely and to the best of your knowledge.
4. **To protect your privacy and confidential information**, once the application is finished, you may return in one of the following ways:
 - a. Email using secured email through www.sendinc.com to yenting@bravestep.org or
 - b. Submit a printed version to the address or fax number below:
 - Brave Step
c/o Program Manager
15320 Oleander Drive
Charlotte, NC, 28278
 - Fax (704) 930-0655
5. Please include Federal Form 1040 and e-file confirmation.

For questions related to this application, please contact support@bravestep.org.



- Parent
- Significant Other
- Spouse
- Friend
- Other (Please Describe _____)

Do you have insurance you will use for therapy services? (Please Check the Appropriate Box)

- Yes
- No

If so, who is your insurance provider? (Numbers not needed): _____

If you have Medicaid, what network are you in (ex, BCBS, Alliance, Partners): _____

Do you need financial assistance? (Please Check the Appropriate Box)

- Yes
Estimated copay, if insurance is used: _____
- No

Race (Please check the box(es) that apply to you)

- | | |
|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> American Indian or Alaska Native | |

Ethnicity (To be completed in addition to race)

I am of Hispanic, Latino or Spanish origin (Please Check the Appropriate Box)

- Yes
- No

Living Arrangement (Please check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Single, Living Alone | <input type="checkbox"/> Unmarried Couple, Opposite Sex |
| <input type="checkbox"/> Married, Same Sex | <input type="checkbox"/> Widowed, Living Alone |
| <input type="checkbox"/> Married, Opposite Sex | <input type="checkbox"/> Living with relatives |
| <input type="checkbox"/> Separated | <input type="checkbox"/> Living with unrelated person or persons |
| <input type="checkbox"/> Divorced | |
| <input type="checkbox"/> Unmarried Couple, Same Sex | |

How many people live in your household? _____

Children

Do you have children? (Please Check the Appropriate Box)

- Yes
- No

If yes, please provide the following information.



		Live With You?	
Sex	Age	Yes	No

Education (Please check the appropriate box)

- Less than high school
- High school
- Some college
- Associate in Arts (two year) degree
- College Degree
- Some graduate school
- Master's Degree
- PhD, MD or other doctorate degree

Household Income

- \$0 to \$12,489
- \$12,490 to \$21,330
- \$21,331 to \$29,435
- \$29,436 to \$42,660
- \$42,661 to \$53,225
- \$53,226 to \$63,990
- \$63,991 to \$85,320
- \$85,321 to \$107,000
- \$107,001 +

How did you hear about Brave Step? (Please check all that apply)

- Friend or family member
- News story
- Internet search
- Therapist/counselor
- Religious institution
- Other (please state) _____

How many times (if any) have you participated in counseling before? (Please check the appropriate box)

- None
- One
- Two
- Three
- Four
- Five or more

Upon receipt of application, would it be okay if the Program Manager will email you with next steps? Yes No If no, what is the preferred method to reach you? _____

To ensure this process is effective, Brave Step requests your agreement to the below terms. Please initial each:



- _____ I understand the expectations and commitment of the Brave Step partnership.
- _____ I realize and agree to engage with the process and provide feedback on the services suggested.
- _____ I accept the cancellation policy that will be required by the designated therapist and will be responsible for fees associated with a missed appointment.
- _____ I have reviewed and understand Brave Step's policies.
- _____ I agree to a final session, even if I choose to stop counseling, so that I along with my therapist can have closure.
- _____ I understand that the information I provide to Brave Step will be held in the strictest confidence.
- _____ I authorize Brave Step to use or disclose my mental health information including data, evaluation results, psychiatric diagnosis and treatment, and personal issues for the purpose of evaluating the effectiveness and performance of Brave Step's services and programs. This confidentiality agreement will expire two years from the date of your signature. I can revoke this at any time in writing.

Printed Name

Signature

Date

For questions related to this application, please contact info@bravestep.org.

Please return the completed application and documentation to the following address or via fax (704) 930-0655.

Brave Step
c/o Program Manager
15320 Oleander Drive
Charlotte, NC 28278

THANK YOU!