

WHAT IS RHAP? The Residential Historical Abuse Program (RHAP) funds counselling for adults who were sexually abused as children.

People often experience distress, anxiety, pain or other problems as a result of childhood sexual abuse.

If you were sexually abused when you were a child living in a BC provincial government foster home, group home, or residential facility, you may be eligible to have RHAP pay for your counselling.

WHAT IS SEXUAL ABUSE? Child sexual abuse is any sexual contact between an older, more powerful person and a child. This may involve kissing, fondling, sexual intercourse,

and/or being encouraged to sexually touch your own body or someone else's. Other examples include being photographed for sexual purposes, being asked to expose your body or being forced into sexual activity with other children.

WHO IS ELIGIBLE? To qualify for RHAP, you must sign a statement that says:

- you currently live in British Columbia and are over 19 years old
- you were under the age of 19 when you were sexually abused
- at the time of the abuse, you were living in a home or residential facility funded by the Province of British Columbia

MUST I REPORT THE ABUSE? You do not have to file a police report or prove that you were sexually abused to be eligible for RHAP. However, you will be required to identify the home or facility where the abuse took place.

If there are any children living there now who may need protection, the appropriate government ministry and/or the police may contact you for more information.

If you receive counselling through RHAP, you still have the right to take legal action through either the criminal or civil court. You are free to discuss legal or compensation issues with a lawyer, file a report with the police or apply for assistance through the Crime Victims Assistance Program.

HOW DO I FIND A COUNSELLOR? After you submit your application, RHAP will contact you by telephone or mail. If you do not have a counsellor, RHAP can help you find one. If you already have a counsellor, RHAP will need to ensure that they meet VCH's professional standards. RHAP arranges payment directly with your counsellor. You and your counsellor will develop a treatment plan that may include individual, group or family counselling.

HOW DO I APPLY? If you think you qualify for RHAP, please contact:

RHAP
200-520 West 6th Avenue
Vancouver, BC V5Z 4H5
Phone: 604-875-4255 Fax : 604-874-7661
Email: rhap@vch.ca

For more copies, go online at <http://vch.eduhealth.ca> or email pthem@vch.ca and quote Catalogue No. **CE.815.S49**
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Residential Historical Abuse Program (RHAP)

RHAP funds professional counselling for adults who were sexually abused as children while living in a provincially funded residence.

For more information, please call

604-875-4255
rhap@vch.ca

To be eligible to receive counselling under this program, you must be able to make the following statement:

“I currently live in British Columbia and believe I was sexually abused while living in a residence or facility funded by the government of British Columbia. I was less than 19 years old when this abuse occurred.”

If the information you provide indicates there are currently children who may be at risk in the same residence where the abuse took place, there is a legal obligation to ensure they do not remain at risk. In this case, you may be contacted for more information.

To verify your residency, records will be located at the social services office nearest to your **last** foster home, if you were in one. This location may be different from where the abuse took place.

CONSENT

- I believe I am eligible to receive counselling services under RHAP.
- I give permission to Vancouver Coastal Health (VCH) to share the information with the appropriate government ministry to confirm residency.
- I understand someone may contact me if there are children currently at risk in the same residence.
- I give permission to VCH to share information about me with the counselling agency or counsellor.

Applicant Signature: _____ Date: _____

Applicant Information	
Legal Name:	First _____ Middle _____ Last/surname _____ Preferred name: Previous name(s): _____
Personal Health Number (CareCard):	Date of birth _____ (year/month/day) Postal Code _____
Mailing address:	City _____ Postal Code _____
Phone numbers: Is it OK to leave message? <input type="checkbox"/> Yes <input type="checkbox"/> No	Home: <input type="checkbox"/> Yes <input type="checkbox"/> No Cell: <input type="checkbox"/> Yes <input type="checkbox"/> No Other: <input type="checkbox"/> Yes <input type="checkbox"/> No
Residence and foster home information	
Name of residence:	What years did you live there? from: _____ to: _____
Residence address:	City _____ Postal Code _____
Name(s) of your parent(s) or legal guardian(s) when you entered the residence: _____	
Was this residence a foster home? <input type="checkbox"/> Yes <input type="checkbox"/> No If no , where was your last foster home? _____	
Name the city or town that was closest to your foster home, if foster home was in a rural area: _____	
What year did you leave your last foster home? _____	
Counselling or therapist information	
Are you currently receiving counselling? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you need assistance finding a counsellor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of therapist/counsellor	Name of counselling program/agency Phone number _____
Please fax the completed application to: 604-874-7661 or mail/drop-off to: RHAP - Vancouver Coastal Health 200-520 West 6 th Avenue Vancouver, BC V5Z 4H5	
For RHAP Use	Date received: <input type="checkbox"/> Date sent: <input type="checkbox"/> Response: <input type="checkbox"/> More information required <input type="checkbox"/> Eligibility confirmed: RHAP ID # _____ <input type="checkbox"/> Applicant notified: <input type="checkbox"/> phone call <input type="checkbox"/> letter sent <input type="checkbox"/> Counsellor notified: <input type="checkbox"/> phone call <input type="checkbox"/> letter sent