



SwimAssist Program Overview

SwimAssist is USA Swimming's assistance fund for survivors of abuse. Established in 2014, the goal of *SwimAssist* is to support survivors by alleviating the financial burden of seeking counseling, therapy or other healing treatment.

SwimAssist is available to any current or former USA Swimming member who suffered abuse perpetrated by an individual who at the time of the harm was a member of USA Swimming. *SwimAssist* is available to those survivors regardless of when the harm occurred. Receipt of support is not dependent on the survivor's participation in any disciplinary proceeding(s), including, but not limited to, a U.S. Center for SafeSport, USA Swimming National Board of Review or criminal proceeding.

Available Programs

Initial Counseling Assistance

- A request for initial counseling assistance must be made in writing and submitted to the USA Swimming Director of Safe Sport for review and approval. To assist the survivor, the USA Swimming Safe Sport staff can facilitate preparing the request on the survivor's behalf.
- 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*.
- The survivor and his/her family will select the treatment provider. USA Swimming may assist in identifying local resources for the survivor but will not have any input or final say in what treatment provider the survivor chooses.
- The initial level of assistance is \$1,800. USA Swimming will contribute \$150 per session for a maximum of 12 sessions. The survivor will be responsible for any charge(s) in excess of \$150 per session.

Alternative Assistance

- A survivor may request 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
- A request for alternative assistance must be made in writing and submitted to the USA Swimming Director of Safe Sport for review and approval. To assist the survivor, the USA Swimming Safe Sport staff can facilitate preparing the request 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, as well as documentation of the program's appropriate licensures, if any.
- Each request will be considered on an individual basis.
- The initial level of alternative assistance is \$1,800.

Ongoing Assistance

- If a survivor has utilized the initial \$1,800 level of assistance from *SwimAssist*, he/she may request additional support for ongoing counseling or alternative assistance.
- The request must include specific amount of funding requested, the service to which the support will go, and a letter from the provider stating the value of the program for the survivor's recovery. The request will be reviewed for approval by the USA Swimming Director of Safe Sport.
- The USA Swimming Director of Safe Sport may approve ongoing assistance for up to a maximum of \$7,200.
- In the event a request for ongoing assistance is denied by the USA Swimming Director of Safe Sport, the request will be sent to the *SwimAssist* panel for additional review.
- The survivor may be asked to submit a progress report from his/her provider. The progress note need only indicate that the therapy has benefitted the client and that with further therapy, the client will continue to progress.

Funding

- All provider fees will be paid by USA Swimming directly to the provider as invoiced by the provider. The provider will be selected by the survivor.
- Reimbursement of the out of pocket expenses can be made to the survivor or their family. The survivor or their family must show invoices and proof of payment made. Any reimbursement amount will count towards the limits and approval levels detailed above.
- 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 with the advice and consent of the USA Swimming Director of Safe Sport. The panel shall include a Safe Sport Committee member and an outside expert in the field. All members of the Panel are required to sign a confidentiality statement as a condition of service.

The USA Swimming 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 the supporting materials required to submit a request to the Director of Safe Sport. Staff will also be responsible for working with the USA Swimming finance department to complete check requests, reimbursements, and any other steps necessary to process payment.

For more information, please contact USA Swimming Safe Sport staff at safesport@usaswimming.org or 719-866-4578.



SwimAssist Application Form

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: _____

Treatment Provider

Name: _____

Address: _____

Phone: _____ Email: _____

Funding Recipient Statement

I have read and understand the USA Swimming *SwimAssist* Program Overview. I understand that USA Swimming will pay fees for services directly to the provider based on invoices from the service provider or reimburse me after providing copies of invoices and proof of payment.

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. I give permission for USA Swimming to contact my treatment provider to discuss payment arrangements and details about *SwimAssist* and to request a progress note. This progress note does not give permission for USA Swimming to receive details about my treatment but rather permission for my provider to indicate that the therapy has been beneficial to me, and that with further therapy, I will continue to progress in healing.

Signature (Parent/Guardian if recipient under 18): _____

Print: _____ Date: _____