

**Psychological Resource Associates Employee Assistance Program  
Request for Additional Sessions**

Requests for additional sessions (up to the allowed annual number) can be made when the employee is:

1. Not covered by any insurance that the treating therapist accepts
2. Unable to pay privately, even at a discounted rate
3. Experiencing emotional distress that impairs the employee's job performance.

If the above conditions are **true**, the **therapist** may provide the following additional information.

**Employee:** \_\_\_\_\_ **Therapist:** \_\_\_\_\_

**Client Name (if not employee):** \_\_\_\_\_

**Client Relationship to Employee:**  Self  Spouse  Child  Other: \_\_\_\_\_

**EAP Agency:**  Yolo County  DJUSD  Office of Education  Davis Waste Removal

**Employee's Insurance Plan:** \_\_\_\_\_

**Describe the financial reason why the employee can't pay privately, even if discounted:**

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**Please describe the emotional distress that interferes with the employee's job performance.**

**Psychological symptoms, condition or distress:** \_\_\_\_\_

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**Impact on job performance:** \_\_\_\_\_

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**Number of additional visits requested:** \_\_\_\_\_ **Date of Request:** \_\_\_\_\_

**I verify the above information is true and factual,** \_\_\_\_\_ (signed)

**Forms may be emailed to:** [pra.intake@yahoo.com](mailto:pra.intake@yahoo.com)

**faxed to:** 530.756.1368

**mailed to:** PRA, 1627 Oak Ave. Ste A, Davis, CA 95616

Internal use- Number of Sessions Approved: _____	Reviewed by: Dean _____ Alyssa _____ Mike _____
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