



EDRS

EATING
DISORDER
RECOVERY
SUPPORT

EDRS TREATMENT FUND APPLICATION

Name of Treatment Fund Applicant: _____

Age: _____ Gender Identification: _____

Address: _____

State: _____ Zip code: _____

E-mail: _____ Daytime phone/Cell: _____

Name of Health Care Provider: _____

Title/Specialty: _____

Professional License Number: _____

Service Address: _____

State: _____ Zip code: _____

E-mail: _____

Daytime phone/Cell: _____

Treatment Fund Amount: \$1,000.00

Each Treatment Fund is for \$1,000.00. Practitioners must agree to a sliding scale of \$100.00 for ten 50-60min sessions or 20 groups at \$50.00 per group for the funds to be approved. There portion can be found on on edrecovery.org as well and must be completed with this form. Note, these funds can be used for a combination of group and individuals as well as split between providers. If it is split both providers will need to fill out a provider portion of the application.

Treatment Fund Type: _____

The EDRS Treatment Fund: Anyone in recovery from an eating disorder

- \$1000 for treatment
- To be awarded to a person in eating disorder recovery

The EDRS Memorial Fund: *In memory of a loved one*

- \$1000 for Baba's Memorial Fund
- To be awarded to a person of color in eating disorder recovery

The Rainbow Fund: *Supporting the LGBTQ+ community*

- \$1000 for treatment assistance
- To be awarded to a member of the LGBTQ+ community in eating disorder recovery

The Intensive Treatment Program Grant: *Provided by Center for Discovery (CFD)*

- 30 days of treatment provided by Center for Discovery
- To be awarded to an individual in eating disorder recovery

Number of Sessions: _____ Individual: _____

Number of Sessions: _____ Group: _____

Please state your reason for seeking treatment and your financial needs below. In addition, please attach an annual tax documentation, a W2, or current pay stub. _____

SIGNATURE: _____

DATE: _____

Please add any additional information that would be helpful for us to know.

Applicants must have a diagnosis of an eating disorder, or be seeking assessment for one. The ERDS Treatment Fund Committee will provide funds upon approval, to the Provider. The Provider is responsible for reporting back to EDRS that the funds were used, or portions were used/unused, and the progress of

the Treatment Fund recipient. Any unused funds are agreed to be returned to the EDRS Treatment Fund. Applications maybe mailed to the following address or email.

EDRS TREATMENT FUND Attention: Treasurer

911 Lakeville Street, Suite 217 Petaluma, CA 94952

Web page: **edrecovery**support.org****

FOR OFFICE USE:

RECEIVED: _____ REVIEWED: _____

RESPONSE SENT: _____

AMOUNT APPROVED: _____ TYPE: _____

NOTES: _____