



**EDRS**

EATING  
DISORDER  
RECOVERY  
SUPPORT

## EDRS Treatment Fund Application -- Applicant Form

*\*EDRS provides treatment assistance to CA residents only\**

Name of Treatment Fund Applicant: \_\_\_\_\_

Age: \_\_\_\_\_ Gender Identification: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Health Care Provider: \_\_\_\_\_

Title/Specialty: \_\_\_\_\_

Professional License Number: \_\_\_\_\_

Service Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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 45-60 min outpatient individual sessions or 20 outpatient group sessions at \$50.00 per group. The provider form can be found on edrecovery.org and must be completed in order for the funds to be approved. Note, these funds can be used for a combination of group and individual sessions as well as split between providers. If it is split, each provider will need to fill out a separate provider application.

Treatment Fund Type (as listed below): \_\_\_\_\_

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

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

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

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

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.

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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 may be mailed to the following address or emailed to the EDRS Treasurer, Theresa Kira, PsyD at **[theresa@edrecovery-support.org](mailto:theresa@edrecovery-support.org)**.

EDRS TREATMENT FUND Attention: Treasurer

911 Lakeville Street, Suite 217 Petaluma, CA 94952

Web page: **[edrecovery-support.org](http://edrecovery-support.org)**

FOR OFFICE USE:

RECEIVED: \_\_\_\_\_ REVIEWED: \_\_\_\_\_

RESPONSE SENT: \_\_\_\_\_ AMOUNT APPROVED: \_\_\_\_\_

TYPE: \_\_\_\_\_

NOTES: \_\_\_\_\_

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