



EDRS

EATING
DISORDER
RECOVERY
SUPPORT

EDRS Treatment Fund Application for Providers

EDRS provides treatment assistance to CA residents only

Name of Provider and Credentials: _____

License Number: _____ Governing Board: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email: _____

Treatment Fund Applicant Information

Name of Applicant: _____ Age: _____

Racial Identification: _____ Gender Identification: _____

Fund Type: Outpatient Individual Outpatient Group Intensive Treatment Program

The EDRS Outpatient Treatment Fund: For anyone in recovery from an eating disorder

- \$1000 for treatment -- for individual outpatient or group sessions
- To be awarded to a person 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

Treatment Fund amount requested:

To maximize the benefits of these funds, we require the administering provider to offer outpatient services at sliding scale rates. By signing this you agree to provide individual sessions at \$100.00 per 45-60 minute individual session, and/or group therapy at \$50.00 a session. NOTE: IF AN APPLICANT MISSES A SESSION THE FUNDS MAY NOT BE APPLIED TO MISSED APPOINTMENTS.

Are you willing to see the EDRS applicant on a sliding scale basis at \$100.00 per session for 10 sessions or \$50.00 per group for 20 groups? Yes No

How long have you been treating the EDRS applicant? _____

In what capacity (e.g., group, individual, intensive outpatient, etc.)? _____

Please explain why this applicant is applying and how they might benefit from additional funds:

What is the applicant's ability and desire to engage in treatment like?

Areas of focus for the use of this Treatment Fund:

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 address below or emailed to the EDRS Treasurer, Theresa Kira, PsyD at **theresa@edrecoverysupport.org**.

EDRS TREATMENT FUND Attention: Treasurer
911 Lakeville Street, Suite 217 Petaluma, CA 94952

I agree to all the terms and guidelines above.

Provider Signature: _____ Date: _____

FOR OFFICE USE:

RECEIVED: _____ REVIEWED: _____

RESPONSE SENT: _____ AMOUNT APPROVED: _____

TYPE: _____

NOTES: _____