



EDRS

EATING
DISORDER
RECOVERY
SUPPORT

EDRS Treatment Fund Application -- Applicant Form

EDRS provides treatment assistance to CA residents only

Name of Treatment Fund Applicant: _____

Treatment Fund You are Applying for: Outpatient Fund Rainbow Fund BIPOC Fund

Age: _____ Gender Identification: _____

Racial/Cultural 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: _____

The EDRS Outpatient Treatment Fund

- \$1000 for treatment -- for individual or group sessions
- To be awarded to anyone in recovery from an eating disorder

The Rainbow Fund: Supporting LGBTQ+ Communities

- \$1000 for treatment -- for individual or group sessions
- To be awarded to a member of the LGBTQ+ Community in eating disorder recovery

The BIPOC Fund: Supporting Black, Indigenous, and People of Color Communities

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

For All Funds:

- *Practitioners must agree to a sliding scale of \$100.00 for ten (10) 45-60 min outpatient individual sessions or twenty (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.

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

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.

**Applicants are eligible to receive a maximum of one treatment fund award in two calendar years*

Applications may be mailed to the following address or emailed to the EDRS Treasurer, Theresa Kira, PsyD at **theresa@edrecovery-support.org**.

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: _____