



**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 (Client) Information**

Name of Applicant: \_\_\_\_\_ Age: \_\_\_\_\_

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

Racial/Cultural Identification: \_\_\_\_\_

**Fund Type:**  Outpatient Fund  Rainbow Fund  BIPOC Fund

### **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

*\*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 TEN individual sessions at \$100.00 per 45-60 minute individual session and/or TWENTY group therapy sessions at \$50.00 each. 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:

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Please explain the applicant's ability and desire to engage in treatment:

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Areas of focus for the use of this Treatment Fund:

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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.

*\*Providers are eligible to receive a maximum of 2 treatment fund awards per calendar year*

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: \_\_\_\_\_