



EDRS

EATING
DISORDER
RECOVERY
SUPPORT

EDRS Treatment Fund Application -- Applicant Form

EDRS provides treatment assistance to CA residents only

How to apply for treatment assistance, if you have a provider:

- Both clinician and client are to complete an application form.
- You will receive an email confirmation that we received your application.
- You will be notified within 2-3 weeks about the board's decision and any next steps. You will be notified via email.
- Please make sure to add financial documentation of income to be considered.

How to apply for treatment assistance, if you DO NOT have a provider:

- The client to fill out a treatment assistance application.
- The client will receive an email confirmation that we received your application.
- The client to find an eating disorder practitioner and initiate setting up an initial appointment. You may find potential referrals here:
<https://edrecovery-support.org/providers>
- If the client needs EDRS' assistance in connecting with a provider, this might take up to several months
- After an initial assessment, the provider is to fill out a treatment assistance application.
- Once both applications are received from client and clinician, treatment assistance applications will be reviewed and a decision will be made within 2-3 weeks. You will be notified via email.

- **IMPORTANT: If treatment assistance is granted, funds will be allotted for sessions moving forward from the time of approval.** If the practitioner is willing to allocate funds retroactively to past sessions, that is up to the provider.
- **After your initial assessment, we recommend that you wait to schedule future sessions until you know whether or not you will receive treatment assistance (so you do not end up financially burdened).**

Please note that an application does not mean you will receive treatment assistance.

By checking the following box, I acknowledge that I have read, understand and agree to all of the above

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

- \$2000 for treatment -- for individual sessions
- To be awarded to anyone in recovery from an eating disorder

The Rainbow Fund: Supporting LGBTQ+ Communities

- \$2000 for treatment -- for individual 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

- \$2000 for treatment -- for individual sessions
- To be awarded to a BIPOC individual in eating disorder recovery

For All Funds:

- Treatment funds will be given to the provider
- A client application and a provider application is needed in order to apply for treatment assistance
- The funds may be used at a session fee decided by the provider. Providers please note that we encourage a reduced or sliding scale fee because the lower the per session fee, the more sessions a treatment fund recipient may have. For example, at \$100 per session, an individual could have 20 sessions. At \$125 per session, an individual could have 16 sessions.
- These funds are to be used for 1:1 outpatient session

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.

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**

Please know that once submitted you are consenting to having your private health information be reviewed and viewed.

I agree to all the terms and guidelines above.

Provider Signature: _____ Date: _____

FOR OFFICE USE:

RECEIVED: _____ REVIEWED: _____

RESPONSE SENT: _____ AMOUNT APPROVED: _____

TYPE: _____

NOTES: _____