



EDRS

EATING
DISORDER
RECOVERY
SUPPORT

EDRS Treatment Fund Application for Providers

EDRS provides treatment assistance to CA residents only

Please see application directions below to help you understand the process.

Directions for clients, if they 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.

Directions for clients, if they 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://edrecoverysupport.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 a client 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 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

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

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

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.

**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

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: _____