The Emily Program
FOUNDATION

Financial Assistance Program

For non-medical basic needs for individuals in intensive eating disorder treatment.

5354 Parkdale Dr. Fl 2

St. Louis Park, MN

651.379.6122

info@emilyprogramfoundation.org

Grant Guidelines and Criteria for Funding

Service area:

- Individual must be living in, or treated in, Minnesota or Washington.

Grant Requirements:

- Individual must have an eating disorder diagnosis and be seeking treatment in an intensive program treatment setting. Intensive programs include Intensive Outpatient, Intensive Day/Partial Hospitalization, and Residential Treatment.
- Individual must meet the financial guidelines set by The Emily Program Foundation.
- Release forms must be signed.

Eligible Requests:

- The Emily Program Foundation approves requests for basic living expenses such as rent, food, gas and utilities.
- Awards are available to people diagnosed with eating disorders only.

Ineligible Requests:

- The Emily Program Foundation does not approve requests for payment of medical bills, prescriptions, or alternative medicines.

Administration:

- All requests will be reviewed by The Emily Program Foundation's Review Committee determined based on eligibility.
- If approved, the award will expire after 90 days. If an individual fails to collect the award when it is originally offered, after 90 days the individual must reapply for assistance.
- Grants will be limited based on availability. An individual is able to receive only one Financial Assistance Award throughout the course of the Foundation's fiscal year.

Dear Applicant,

The Emily Program Foundation requires that you complete the following forms, including a release of information form, and return them us in order to be considered for financial assistance.

Application procedures:

1. The individual must be accessing intensive treatment for an eating disorder.
2. The **Information Form** and **Release Form** need to be completed and signed.
3. Please mail, fax or deliver the completed forms **along with a cover page explaining your needs**. Once we have received the paperwork your request will be reviewed and you will be informed if your request has been granted in the form of an approval letter.
4. Once approved, you are required to complete the **Award Acceptance Form** which outlines the process to for receiving the Financial Assistance Award. Check may be submitted either to the individual applying for the grant or directly to a vendor (i.e. Xcel Energy, landlord, etc.)

If you have any questions, please feel free to contact us.

Thanks,

The Emily Program Foundation

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Information Form

Name: _____

Address: _____

City: _____State:_____Zip:_____

Phone: _____Email:_____

Date of Birth: _____

Inform me regarding my application via: email_____ or mail_____

Please provide us with an explanation of why you are applying for financial assistance including the following information:

1. Amount requested ($0 - $500) _____
2. Provide explanation and justification as to why you need this grant, explanation and details as to the nature of the expenses to be covered, and perspective as to why these needs cannot be covered from another source.
3. If we are unable to provide for the entire amount that is requested, what is the most pressing expense you would like to see covered? And, what is the associated cost?

Release of Medical Information

I authorize The Emily Program Foundation to contact the following organization to verify my participation:

Name: _____

Date of Birth: _____

Name of Treatment Program: _____

Treatment Program Contact Phone Number: _____

Treatment Program Contact Fax Number: _____

Treatment Program Address: _____

I understand that I may revoke this consent at any time by providing written notice to The Emily Program Foundation, and that after one year this consent automatically expires. I have been informed what information will be released, its purpose and who will receive the information and I may inspect or copy the protected health information to be used or disclosed under this authorization**. I understand and authorize that the disclosure will be limited to verification of my participation in an intensive treatment program indicated above.** I understand that personal health information, once disclosed, might be re-disclosed and is no longer protected by federal privacy regulations. I also understand that I may refuse to sign this authorization. The Emily Program Foundation will condition services based on whether I sign this authorization. BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND THIS AUTHORIZATION FORM.

Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Release From

I declare that the information on this application is true and correct to the best of my knowledge. I understand that all applications will be reviewed on a case-by-case basis and final determination will be made by The Emily Program Foundation. All information reviewed is confidential. I understand that The Emily Program Foundation may email my completed application to Foundation Board Members and staff for the purpose of review and approval*.

Signature: _____ Date: _____

Print name: _____

Please provide us with any additional comments regarding your situation that might be helpful when we review your application.

I would like to be on The Emily Program Foundation mailing list: ___Yes ___ No

How did you hear about The Emily Program Foundation?
___ Treatment Team
___ Social Worker
___ Friend or Family
___ Internet
___ Other

*The Foundation cannot and does not guarantee the privacy, security or confidentiality of any email messages sent or received over the Internet. There is potential for an email sent or received over the Internet to be intercepted, altered, forwarded, and/or read by others. The Emily Program Foundation is not responsible for email messages that are lost due to technical failure during composition, transmission, or storage. Please keep these privacy limitations in mind while filling out this application. If you do not want the Foundation to email your application to Board Members or staff for purposes of review and approval, please communicate this preference in writing when you submit your completed application, and the Foundation will use another form of transmission such as fax or mail.