

# THE EMILY PROGRAM FOUNDATION

## **Financial Assistance Program**

*For non-medical, living-expense needs for individuals in  
intensive eating disorder treatment.*

5354 Parkdale Dr.

St. Louis Park, MN 55416

Phone: 651.379.6122

Fax: 952.746.5962

[lindsay.crye@emilyprogramfoundation.org](mailto:lindsay.crye@emilyprogramfoundation.org)

Dear Applicant,

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

Application requirements:

1. The individual must be accessing intensive treatment for an eating disorder.
2. The **Information Form** and **Release Form** (included herein) need to be completed and signed.
3. Please submit the Information and Release Forms **by mail, fax, email, or in-person delivery**. 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. If a determination is made to award the applicant a living-expense grant, the applicant must you then complete the very brief **Award Acceptance Form** which outlines the process for receiving the Financial Assistance Award.
5. After an Award Acceptance Form is completed and returned to the Foundation, the Foundation will issue a check either to the applicant or directly to a specified vendor (i.e. Xcel Energy, landlord, etc.).

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

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St. Louis Park, MN 55416  
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## Grant Guidelines and Criteria for Funding

Please carefully review the **Financial Assistance Programs Policies and Procedures**, in addition to the following **Guidelines and Criteria**.

### Foundation Has Full Discretion to Award a Grant:

- The Emily Program Foundation reviews and approves requests on a case-by-case basis, always at its own discretion. The Foundation reserves the right to reject a grant request according to its own discretion.

### Grant Requirements:

- Individual must have an eating disorder diagnosis and be in, or actively seeking, treatment in an intensive program treatment setting. Intensive programs include Intensive Outpatient, Intensive Day/Partial Hospitalization, and Residential Treatment.
- Applicant must provide a summary—including specific information—of why they are requesting the grant, along with a detailed breakdown of how they intend to use the funds, if awarded.
- Release forms must be signed.

### Eligible Requests:

- The Emily Program Foundation reviews and approves requests on a case-by-case basis, always at its own discretion. Past living-expense needs that have been approved for a grant award have included expenses such as rent for the primary place of living (i.e. not treatment lodging), food, gas, utilities, and similar expenses.

### Ineligible Requests:

- The Emily Program Foundation reviews and approves requests on a case-by-case basis, always at its own discretion. The Emily Program Foundation has repeatedly not approved grant awards for expenses such as payment of medical bills, lodging expenses related to treatment, prescriptions, or alternative medicines.

### Administration:

- Grant requests are reviewed by The Emily Program Foundation's Review Committee on a case-by-case basis, always at its own discretion. The Foundation reserves the right to reject a grant request according to its own discretion.
- After a grant award is approved, the award will be available to the applicant for only 30 days. If an individual fails to collect the award when it is originally offered, after 30 days the individual must reapply for assistance.

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- 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 (July 1-June 30).
- Funding is allocated monthly so that grants can be available for the majority of the year. Therefore, if the allotted amount has been granted for the month, applications will be placed on a wait list until the 1<sup>st</sup> of the next month. Applicants will be notified if their application is wait listed.
- Approved grants take approximately three weeks to process.
- Review the policies and procedures document posted on our website for more information: <https://emilyprogramfoundation.org/resources/financial-assistance/>

Please be advised that the provision of a grant to a recipient is in no way intended to be an endorsement or recommendation of any particular health care provider or treatment modality. Treatment of a medical/mental health condition involves complex medical decisions requiring the independent and informed judgment of an appropriate health care professional. All specific questions regarding your medical and mental health treatment and care should be posed to your professional health care provider.

### Information Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Inform me regarding my application via: email \_\_\_\_\_ mail \_\_\_\_\_ Phone \_\_\_\_\_

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

1. Amount requested (\$1 - \$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.

- a. Please use the chart below to outline the cost associated with each expense you are requesting assistance for. The costs should equal the amount requested.

Expense	Cost
<i>i.e.- groceries</i>	<i>i.e.- \$50 a week for 5 weeks of treatment = \$250</i>



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? How much, specifically, is the expense (in dollars)?
  
4. Please provide us with any additional comments regarding your situation that might be helpful when we review your application.

## Release Form

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\*.

Applicant Signature /s/: \_\_\_\_\_ Date: \_\_\_\_\_

Signature/Electric Signature: I hereby acknowledge that I am the applicant designated above. I have carefully read and understand the contents herein, and sign it of my own free will and with full knowledge of its significance. In accordance with the Federal E-Sign Act, I understand that I have the option to request a paper copy of this document, rather than signing electronically, below. Alternatively, to sign the document electronically, please type your name here, to verify you agree to the above language of this agreement.

Print name: \_\_\_\_\_

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 the review committee 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.**

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