



Financial Assistance Program Grant Guidelines and Criteria for Funding

Please carefully review the Financial Assistance Program's Policies and Procedures, in addition to the following Guidelines and Criteria before applying.

WithAll Has Full Discretion to Award a Grant:

- WithAll reviews and approves requests on a case-by-case basis, always at its own discretion. WithAll 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. Please note that WithAll defines "intensive treatment" as at least 9 hours a week.
- Applicant must provide a completed, current application with signed release forms to be considered.

Eligible Requests:

- 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:

- WithAll has repeatedly not approved grant awards for expenses such as treatment-specific lodging, expenses accrued from past treatment programming, medical bills (co-pays, insurance premiums, lodging), prescriptions, alternative medicines, therapy bills, loan payments, credit card payments and late fees, payment of medical bills, lodging expenses related to treatment, prescriptions, or alternative medicines.

Administration:

- Within one week of application submission, applicants will be emailed an 'application received' notice. If such a notice is not received within one week, applicants should contact WithAll by email at hello@withall.org.
- After a grant award is approved, the award will be available to the applicant for only 30 days. If an individual fails to submit the grant acceptance form within 30 days of the original offer, the individual must reapply for assistance.
- Grants will be limited based on availability. An individual is only able to receive one Financial Assistance Award throughout the course of WithAll'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 1st of the next month. Applicants will be notified if their application is wait listed.
- Approved grants take approximately three weeks to process. If a grant check is not received within three weeks after the grantee submits their "Award Acceptance Form," WithAll should be contacted by email at hello@withall.org.

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.

Submit applications to: WithAll, 5354 Parkdale Drive, Fl. 2, St. Louis Park, MN
55416 | Fax: 651-348-3383 | hello@withall.org



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Instructions: Please fill the application out using pen or typed on the computer. All questions must be answered and be legible. If questions are not complete and/or the review committee cannot read penmanship, the application will not be considered for funding.

****Old, incomplete or illegible applications will not be accepted.** The recipient will be sent the new application and asked to resubmit.

*****You will receive a confirmation email noting we have received your application within one week. The email will share the timeline for receiving funding at the time of application. For more information on the grant processing timeline, review the [Program's Policies and Procedures](#).**

Applicant Information

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Date of Birth: _____ **Phone:** _____

Email*: _____

***Email address is required to receive notification of award.**

Gender Identity (optional):

Ethnicity (optional): _____

If awarded, I agree to fill out a survey 2 months after award date (required with award).

I would like to be added to WithAll's email and mailing list. Yes No

How did you hear about WithAll?

Treatment Team

Internet

Social Worker

Other: _____

Friend or Family





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Application Questions

Answer all the questions below in order to be considered for a grant. Please note that certain questions determine your eligibility. If you are ineligible, you can cease filling out the application.

1. Amount requested (\$1 - \$500) _____

2. Do you have a current eating disorder diagnosis from a medical professional? *You must have a current diagnosis to be eligible for this grant.*
 YES
 NO

3. What type of intensive treatment are you currently in or seeking? *You must be in an intensive program to be eligible for this grant. Please note that WithAll defines "intensive treatment" as at least 9 hours a week.*
 Residential
 Intensive day program/partial hospitalization
 Intensive outpatient
 Other: Name of Program _____

How many hours a week is this program? _____

4. What is your anticipated length of treatment in weeks? (If you are unsure, please enter your minimum or best estimate.)





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5. 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.

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

Please note the following expenses are NOT eligible for funding: treatment-specific lodging, expenses accrued from past treatment programming, medical bills (co-pays, insurance premiums, lodging), prescriptions, alternative medicines, therapy bills, loan payments, credit card payments and late fees.

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

Please note by submitting this application form you consent to WithAll using the information you provide herein, including exact quotes, to illustrate to WithAll’s audience and supporters the need for, and benefits of, this grant program. WithAll will always work to maintain your privacy and anonymity. As such, we will never share personally identifiable information or your real name.

If this is of concern to you, please contact WithAll prior to submitting the application at hello@withall.org





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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 WithAll. All information reviewed is confidential. I understand that WithAll may email my completed application to the WithAll financial assistance review committee and staff for the purpose of review and approval*.

Applicant Signature /s/: _____ Date: _____

Signature/Electronic 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: _____

*WithAll 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. WithAll 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 WithAll 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 WithAll will use another form of transmission such as fax or mail.**

Submit completed applications to:

WithAll
5354 Parkdale Drive, Fl 2
St. Louis Park, MN 55416
Fax: 651-348-3383
Email: hello@withall.org



