renewED
EATING DISORDERS SUPPORT

Renewed Recovery Assistance Fund Application – Family

Instructions

Please fill out the form below by typing your answers in the provided spaces. When finished, please save your form as a PDF and email the form directly to info@renewedsupport.org with the subject line "RRAF Application". Please note that incomplete applications will not be considered.

Please note this application is for parents/guardians who have a child with an eating disorder.

Today's Date _____/_____/_____

Parent/Guardian: Full Name _____

Parent/Guardian: Date of Birth _____/_____/_____

Parent/Guardian: Are you a current resident of the state of Tennessee?

- ☐ **Yes**
- ☐ **No**

Parent/Guardian Current Address _____

Parent/Guardian Email Address _____

Parent/Guardian Phone Number _____

Parent/Guardian: Are you currently employed?

- ☐ **Yes**
- ☐ **No**

Parent/Guardian: Name of current employer _____

Parent/Guardian: Marital Status

- ☐ **Single**
- ☐ **Married**
- ☐ **Divorced**
- ☐ **Widowed**

Parent/Guardian: How many dependents do you have? _____

Child: Full Name _____

Child: Date of Birth _____/_____/_____

Is your child a current resident of the state of Tennessee?

- ☐ **Yes**
- ☐ **No**

Child: Current TN Address _____

Child: Email Address _____

Child: Phone Number _____

Is your child currently employed?

- ☐ **Yes**
- ☐ **No**

Child: Name of current employer (if applicable) _____

Parent/Guardian: How did you hear about the Renewed Recovery Assistance Fund?

_____

Please tell us about the challenges your child faces due to their eating disorder and the obstacles your family faces in their recovery. Please describe the impact that your child's eating disorder has on their life and your family's life.

Please tell us about any past treatment your child has engaged in to treat their eating disorder.

Please tell us about the ways that your child is currently working toward recovery from their eating disorder. Please be sure to include any current treatment they are receiving, any support groups they are a part of, etc.

Please tell us about the social support your child currently has to help support their eating disorder recovery.

Please tell us how an award from this fund would support your child's journey to recovery from an eating disorder. Please be specific and include how the funds would be spent.

Please tell us about any financial challenges your family has that prevent your child from receiving the care they need to treat their eating disorder.

Does your child have health insurance? If yes, does it cover any part of their eating disorder treatment?

Please tell us about your "why" for recovery.

Renewed Recovery Assistance Fund

Please read carefully the following statements:

The mission of the Renewed Recovery Assistance Fund is to provide cash assistance for those impacted by eating disorders in Tennessee.

The fund will consider helping cover the cost of various expenses related to the treatment of an eating disorder for an individual or a family member. We understand that expenses can pop up in all different areas during recovery.

The award amounts of the fund will vary depending on need and funding available. The number of awards provided each award cycle will also vary depending on need and funding available.

Awards are determined by members of an Application Review Committee ("ARC") which does not include Renewed staff or board of directors. The ARC blindly reviews applications each award cycle. Any identifying information will be redacted so applicants are able to be reviewed anonymously.

Any eating disorder recognized on the DSM-5 is eligible to be covered by the fund.

In order to apply, one must be a Tennessee resident and meet the criteria for an eating disorder. One must also demonstrate true financial need, significant insurance barriers, and a commitment to recovery.

Applying for an award from the Renewed Recovery Assistance Fund in no way guarantees an applicant will receive funding.

Applicants will be notified via the email address provided on this application regarding the final outcome of their application.

By typing my name below, I acknowledge and agree to these stated terms and conditions of the Renewed Recovery Assistance Fund.

Parent/Guardian: Full Name _____

Date _____/_____/_____