



Renewed Recovery Assistance Fund Application – Individual

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.

Today's Date ____/____/____

Full Name _____

Date of Birth ____/____/____

Are you a current resident of the state of Tennessee?

- Yes
- No

Current TN Address _____

Email Address _____

Phone Number _____

Are you currently employed?

- Yes
- No

Name of current employer _____

Marital Status

- Single
- Married
- Divorced
- Widowed

Do you have any dependents?

- Yes
- No

How did you hear about the Renewed Recovery Assistance Fund?

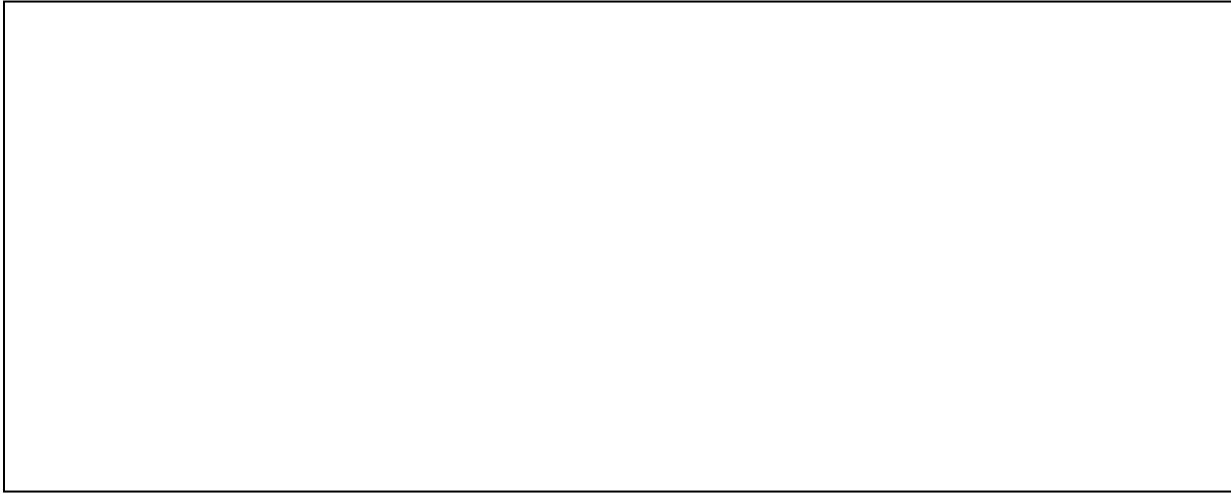
Please tell us about the challenges you encounter due to your eating disorder and the obstacles you face in your recovery. Please describe the impact that your eating disorder has on your life.

A large, empty rectangular box with a thin black border, intended for the respondent to write their answer to the first question.

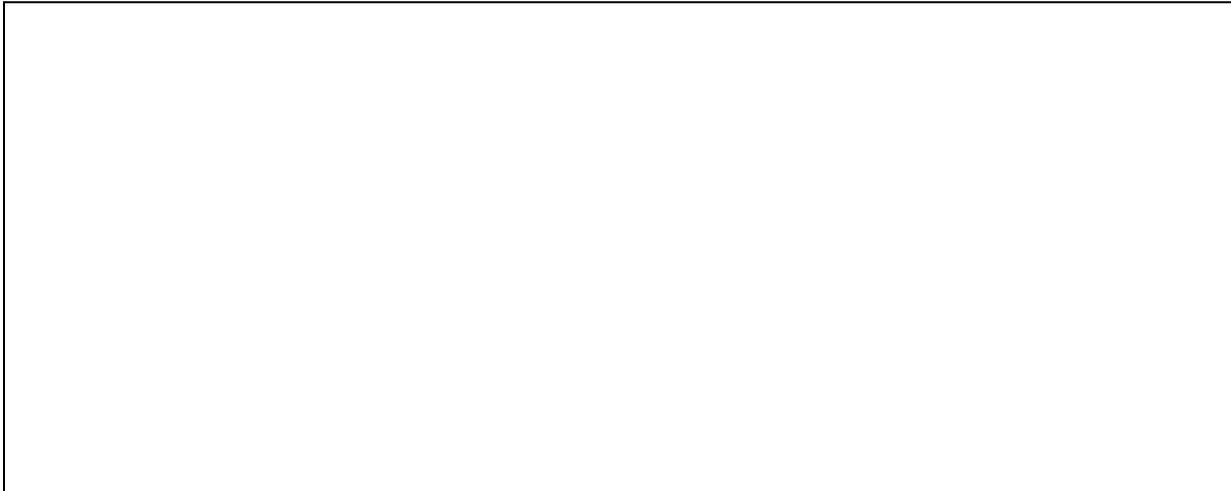
Please tell us about any past treatment you have engaged in to treat your eating disorder.

A large, empty rectangular box with a thin black border, intended for the respondent to write their answer to the second question.

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

A large, empty rectangular box with a thin black border, intended for the respondent to write their answer to the question above.

Please tell us about the social support you currently have to help support your eating disorder recovery.

A large, empty rectangular box with a thin black border, intended for the respondent to write their answer to the question above.

Please tell us how an award from this fund would support your 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 you have that prevent you from receiving the care you need to treat your eating disorder.

Do you have health insurance? If yes, does it cover any part of your 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.

Full Name _____

Date ____/____/____