

514 E Watauga Ave
Johnson City, TN 37601
423-815-9511
www.healingtn.org

Application for Financial Assistance

Program Mission: To provide financial assistance to those actively working towards recovery of an eating disorder, disordered eating behaviors, and related body image issues with the help of licensed clinical professionals.

Instructions for application:

Applicant or Legal guardian of applicant must fill out the below application to the best of his/her knowledge. Once completed, e-mail the application to onlinestaff@healingtn.org with subject line "Application for Financial Assistance" or mail the application to:

**A Place of Healing
c/o Financial Assistance Committee
514 E Watauga Ave
Johnson City, TN 37601**

Once received, the Financial Assistance Committee and the A Place of Healing Board of Directors will review the application and make a decision to approve the request for the full amount, a partial amount, or deny the request at the next scheduled Board meeting. (You can find all scheduled board meetings at www.healingtn.org/events-calendar).

The applicant will be notified within 1-5 business days after the board and committee have made a decision.

Please contact the resource center for any questions or updates concerning your application or contact Laryn Hurley, Financial Assistance Committee chairperson at Laryn@healingtn.org or 1-423-815-9511

Frequently Asked Questions:

- What form of payment can I expect to receive if approved for financial assistance?
 - A Place of Healing will request the clinical practitioner to send the invoice for services directly to A Place of Healing. A Place of Healing will pay the practitioner directly up to the amount awarded to the applicant. The applicant will not receive money directly from A Place of Healing. Any outstanding balances due after amount of financial assistance has been paid by A Place of Healing will be the responsibility of the applicant.
- Can I apply more than once?
 - An applicant can submit an application for financial assistance every 4 months or no more than 4 times per year. Each application is on a case-by-case basis due to the financial standing of the Program and the applicant.
- Where does the money come from for the Financial Assistance Program?
 - A Place of Healing is a 501(c)3 non-profit organization and relies solely on private donations, fundraisers, and the Clinical Membership Program. The Financial Assistance Program's funds are allocated by A Place of Healing Board of Directors.
- How does the Board of Directors and Committee make a decision on each applicant?
 - Each application approval or denial is decided on a case-by-case basis due to the financial standing of the Program and the application review of the applicant. In the case that a board member is listed as the desired professional for services, that particular member will have no part in voting on the approval or denial of the specific application.
- Can I apply for financial assistance to be reimbursed for past expenses?
 - Not at this time



A Place Of Healing

AN EATING DISORDER RESOURCE CENTER

514 E Watauga Ave
 Johnson City, TN 37601
 423-815-9511
 www.healingtn.org

Application for Financial Assistance

APPLICANT'S INFORMATION (Please print)

First Name: _____ Middle: _____ Last Name: _____

Birth date: _____ Email: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____

Employer: _____

Name and Phone number of Legal Guardian: _____

Insurance Provider: _____

For which of the following are you seeking assistance?

- Myself
- My child
- Other: _____

Assist with the cost of:

- Therapy
- Nutrition counseling
- Travel to appointments/support group
- Medical tests
- Residential Treatment Costs
- Other

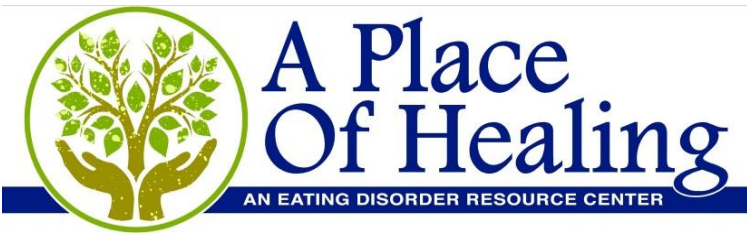
Please list the details of the above checked boxes:

I feel I am able to pay \$ _____
 toward the cost of the listed
 program/services.

My insurance will cover \$ _____ each
 session or... I'm not sure.

Total Amount of Financial Assistance I am
 Requesting: \$ _____

*A Place of Healing Financial Assistance Committee holds the right to verify the cost of treatment with listed provider without compromising your confidentiality	Name of Professional or Treatment Center	Address / Distance of Travel	Regular Cost of treatment/session/ or travel
Therapy			
Nutrition counseling			
Travel to/from appointments/support group			
Medical tests			
Residential Treatment Costs			
Other			



514 E Watauga Ave
 Johnson City, TN 37601
 423-815-9511
 www.healingtn.org

Application for Financial Assistance

Please describe your circumstances/reason for applying for financial assistance, including any unusual expenses you must meet and steps you have taken towards getting help for your recovery (Attached additional pages if necessary).

I certify that the information on this application is true and correct to the best of my knowledge. I agree to inform the A Place of Healing Financial Assistance Committee Chairperson immediately of any change in my circumstances for request of financial assistance including but not limited to change of above listed professionals. I understand that false or incomplete information could jeopardize my financial assistance. I understand that awarded money not used within 6 months of official award date will be forfeited and put back into the Program fund.

Signature: _____ Date: _____

For Committee Use Only Applicants Do Not write below this line

Application # _____

Date: _____ Board of Directors and Committee Members present:

Decision Details	
Approved	
Partial Approval	
Denied	

 Financial Assistance Committee Chairperson
 Laryn Hurley

 Date