Financial Assistance for Recovery Program

Dear Applicant,

The Butterfly Foundation’s Financial Assistance for Recovery (FAR) Program is given to individuals who are seeking to engage with treatment towards recovery from their eating disorder, in situations where financial constraints prohibit access to appropriate treatment and support of their choice. Butterfly believes that all Australians have the right to access effective treatment.

With the generous support of Sportsgirl we are able to offer financial support of up to $500 per month for those eligible to assist with the cost of eating disorder treatment for a maximum of twelve months. The Butterfly Foundation Clinical Advisory Committee assesses individuals for financial support.

The program currently has a small number of vacancies and applications for Financial Assistance for Recovery funding are being received between 21st November 2017 and close of business on 5th December 2017.

In order to apply for Financial Assistance for Recovery funding from Butterfly we require you to provide us with some information. Gathering this information can take some time so we have compiled this kit to assist you in submitting your application. To be considered eligible, your application must include:

   a) A completed application form (included in this kit)

   b) A letter from your psychiatrist, psychologist or GP stating that you have a **primary diagnosis of an eating disorder and your proposed treatment plan**.

   c) Evidence that you are currently receiving Centrelink payments or have a Health Care Card. (Photocopies of these documents are sufficient).

   d) A letter from your proposed treating clinician detailing their **agreement to participate in the program and your treatment plan**

You may also wish to provide a further personal statement if you were not able to include all the information you wished to in the provided application form.
The program aims to supplement an individual’s current treatment costs. Participants work with their health professionals in implementing their agreed treatment plan and actively work towards their therapy goals.

 Individuals receiving financial assistance through the FAR program can expect to have regular contact with Butterfly staff to monitor their progress.

 This may include:
  - Phone and email contact
  - Reports received from your clinician at 6 monthly intervals
  - Self-reports you complete at 3 monthly intervals

 **This regular contact is designed to support you and is a requirement of ongoing participation in the program.**

 Funding is available for a maximum of 12 months.

 Applications are only received during ‘call for application’ periods. These are advertised on the Butterfly website and through our social media channels.

 All applications will be reviewed and assessed by Butterfly to ensure that they meet the program criteria. The order they are received during the application period will play no part in their success. Where multiple applications meet the criteria, the program will prioritise applications according to need as determined by Butterfly based on the information provided at application. We may be in contact with you to discuss the details of your application if required.

 It is unlikely that all applications will be able to be funded during this period. A waiting list will be developed for any successful applicant where funds are not immediately available. We are not able to provide information on when places in the program may become available.

 You will be notified as to whether your application has been successful.

 If you require any further information or support compiling your application, please do not hesitate to contact me via email at michelle.sperling@thebutterflyfoundation.org.au

 Warmest Wishes

 Michelle Sperling
 Manager, Recovery Support Services

 *This service is possible through the generous support of Sportsgirl.*
FINANCIAL ASSISTANCE FOR RECOVERY APPLICATION FORM

PART A

YOUR DETAILS

<table>
<thead>
<tr>
<th>SURNAME:</th>
<th>GIVEN NAME(S):</th>
</tr>
</thead>
<tbody>
<tr>
<td>DATE OF BIRTH:</td>
<td>RESIDENTIAL ADDRESS:</td>
</tr>
<tr>
<td>GENDER:</td>
<td>MAILING ADDRESS:</td>
</tr>
<tr>
<td>PHONE:</td>
<td>EMAIL:</td>
</tr>
<tr>
<td>EMERGENCY CONTACT:</td>
<td></td>
</tr>
</tbody>
</table>

ARE YOU COMPLETING THIS FORM FOR SOMEONE ELSE? ➔ YES / NO (circle) ➔ RELATIONSHIP TO YOU: ➔ YOUR CONTACT DETAILS IF DIFFERENT TO ABOVE:

PART B

YOUR EXPERIENCE

DO YOU CURRENTLY HAVE A DIAGNOSIS OF AN EATING DISORDER? WHAT IS THAT DIAGNOSIS?

[Type an answer here]

HOW LONG HAVE YOU BEEN DIAGNOSED WITH AN EATING DISORDER?

[Type an answer here]

DETAIL ANY TREATMENT YOU HAVE HAD OR CURRENTLY HAVE FOR YOUR EATING DISORDER.

[Type an answer here]

DETAIL ANY OTHER ATTEMPTS YOU HAVE MADE TO ACCESS TREATMENT (e.g. programs where you were excluded).

[Type an answer here]

DETAIL IN YOUR OWN WORDS WHERE YOU ARE IN YOUR RECOVERY JOURNEY AT THIS TIME.

[Type an answer here]

PART C

YOUR APPLICATION

PROVIDE DETAILS OF THE PROFESSIONAL SERVICES YOU WISH TO FUND THROUGH THE PROGRAM

<table>
<thead>
<tr>
<th>NAME OF CLINICIAN</th>
<th>CLINICIAN CONTACT DETAILS</th>
</tr>
</thead>
<tbody>
<tr>
<td>TYPE AND PURPOSE OF SERVICES (e.g. psychological therapy, dietetic support, occupational therapy)</td>
<td></td>
</tr>
</tbody>
</table>
DO YOU CURRENTLY RECEIVE SERVICES FROM THIS PROFESSIONAL?

AMOUNT OF FUNDING REQUESTED PER MONTH
(Maximum amount $500)

WHY WILL THIS SERVICE BE OF EITHER CONTINUING OR FUTURE ASSISTANCE TO YOU?

[Type an answer here]

WHAT GOALS ARE YOU HOPING TO ACHIEVE THROUGH RECEIVING THIS SERVICE?

[Type an answer here]

THE SERVICE REQUIRES ONGOING ENGAGEMENT WITH THE FINANCIAL ASSISTANCE FOR RECOVERY PROGRAM. ARE YOU ABLE TO ENGAGE IN REGULAR CONTACT AND REPORTING TO THE PROGRAM MANAGER?

[Type an answer here]

PART D | CONSENT

The above information is true to the best of my knowledge. I authorize Butterfly Foundation to be in contact with the clinicians listed in Part C of this form, for the purpose of assessing my application and, if my application is successful, arranging my participation in the Direct Financial Relief program.

I AM (please circle) THE APPLICANT / THE PARENT OR GUARDIAN OF AN APPLICANT UNDER 18

NAME: ___________________ SIGNATURE: ___________________
DATE: ___________________

PART E | ATTACHMENTS

I have attached the following documents to my application:

- Letter from my primary clinician confirming my diagnosis and treatment plan (REQUIRED)
- Letter from clinician to be funded confirming their willingness to participate (REQUIRED)
- Copy of Healthcare Card and/or evidence of Centrelink benefits (REQUIRED)
- Additional Personal Statement (OPTIONAL)
**Letter to Clinician**

Dear Dr ____________________,

The Butterfly Foundation is providing this letter to you, as your patient is in the process of applying to access Financial Assistance for Recovery funding for their eating disorder treatment.

The Butterfly Foundation is Australia’s largest charitable foundation supporting sufferers of eating disorders to access quality and supportive treatment for their illness. We recognise that obtaining treatment for an eating disorder can be extremely expensive, therefore we provide the opportunity for people to be funded to access service providers through our Financial Assistance for Recovery Initiative.

In order to submit a completed application to the Financial Assistance for Recovery initiative, it is a requirement that applicants provide a letter from their GP/Psychiatrist/Psychologist outlining:

- that they have a **primary diagnosis of an eating disorder**
- what their current or proposed **treatment plan** is.

Funding is available for a maximum of twelve months.

As we are funding people to access treatment for their eating disorders, please be aware that we cannot fund someone whose treatment focuses on their co-morbidities.

It is preferred that this letter is provided by a professional who has ongoing contact with the applicant as there may be occasions in which you will be contacted by us to confirm an applicant’s details or discuss their ongoing treatment.

Please don’t hesitate to contact me if you require any further information and letters in support of an application are to be addressed and sent to:

**Michelle Sperling**
Manager, Recovery Support Services
The Butterfly Foundation
103 Alexander Street
Crows Nest NSW 2065

Warmest Wishes

Michelle Sperling
Manager, Recovery Support Services

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This service is possible through the generous support of Sportsgirl.
Letter to prospective or current service provider

Dear ______________________,

This letter is being provided to you from The Butterfly Foundation by someone who is in the process of applying to access Financial Assistance for Recovery funding for their eating disorder treatment.

The Butterfly Foundation is Australia’s largest charitable foundation supporting sufferers of eating disorders to access quality and supportive treatment for their illness. We recognise that obtaining treatment for an eating disorder can be extremely expensive, therefore we provide the opportunity for people to be funded to access service providers through the Financial Assistance for Recovery Initiative.

In order to submit a completed application to the Financial Assistance for Recovery Initiative, it is requested that candidates provide a letter from their prospective service provider that outlines the clinician’s:

- role in treating the client’s eating disorder
- willingness to engage with the program
- assessment of the client’s level of engagement.

Funding is available for a maximum of twelve months.

Please note that in providing this letter, you are also committing to providing The Butterfly Foundation with a quarterly progress report on behalf of your client, along with notification of any changes in your clients status whilst they are seeing you and being funded by us.

Please don’t hesitate to contact me if you require any further information and letters in support of an application are to be addressed and sent to:

Michelle Sperling  
Manager, Recovery Support Services  
The Butterfly Foundation  
103 Alexander Street  
Crows Nest NSW 2065

Warmest Wishes

Michelle Sperling  
Manager, Recovery Support Services

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