QUAD CITIES EATING DISORDERS CONSORTIUM

Nutritional Counseling Stipend Application Form

For the Quad Cities Area - $500 Maximum Available

This stipend is available through Amy's Gift for all those seeking comprehensive eating disorder care. Any patient who can show they are committed to their healing and in need of support may apply. Providers may also fill out this form on behalf of clients recommended for nutritional counseling treatment. Once the form is completed, please email to info@amysgift.com or fax to (563) 742-5810.

Applicant Information

Full Name_____ Age_____ Work Y/N_____

Address_____ City _____ State _____ Zip _____

Home Phone _____ Cell _____ Email _____

Insurance _____ Current Provider_____

Referral Source (if different from provider) _____

Past/Current Treatment Details:

Household Information

FULL NAME	AGE	RELATIONSHIP

Is anyone in the household working? ___ Yes ___ No

If Yes, who is working?

Name of person working	Name of person working
Name and address of employer	Name and address of employer
Telephone and fax # of employer	Telephone and fax # of employer
Amount Each Pay Period Before Taxes: $_____ __Weekly__Every 2 Weeks __Twice a Month__Monthly Hours worked per week:_____	Amount Each Pay Period Before Taxes: $_____ __Weekly__Every 2 Weeks __Twice a Month__Monthly Hours worked per week:_____

Does anyone in the household receive money from any other sources? ___ Yes ___ No

If yes, please complete the section below.

OTHER INCOME	**AMOUNT**	**HOW OFTEN DO YOU GET THIS INCOME?**	**WHICH FAMILY MEMBER**
Child Support			
SSI			
Social Security Benefits			
Unemployment Benefits			
Veterans Benefits			
Retirement/Pensions			
Other			

I certify that the information provided in this application is true and correct. I further acknowledge that I have read and understand that even if otherwise eligible, my acceptance into this program is not guaranteed.

Signature _____ Date _____

Referring Provider (when applicable) _____