

ACP Anna Freud Altruistic Analysis Grant (AFAA) Application Form

New Application Renewal Application – *Please indicate the number of grants received from the ACP for this child/adolescent* _____

Name: _____ Email: _____

Address: _____

License Type: _____ Number: _____

Candidate or Graduate: _____ Name of Training Institution: _____

REQUEST (please complete carefully)

- To support the *low fee analysis* of a new patient. _____ or patient already in analysis _____
- To support the increase of an ongoing dynamic therapy by one __two__ three or more ____ sessions for a total of ____/week.
- To support the *inclusion of parent work* (2/month minimally) concurrent with an ongoing analysis _____.

For a new application: Grant amount requested (up to \$5000): _____

Describe the financial situation of the family and why they need financial support for intensive treatment. Include treatment frequency, current fee per session and current insurance paid per session. Describe the basis for your clinical understanding that the family would support an analysis if it were a low fee treatment. Please attach on separate sheet.

We recognize that there are significant regional differences in reimbursement for psychotherapy and psychoanalysis. Please help us understand the situation in your area by providing us with the local reimbursement rates currently allowed by Medicaid and/or by a private insurance company (e.g. Blue Cross) for a 45-50 minute session of individual psychotherapy provided by a person with your professional license. Medicaid's reimbursement for a session of individual psychotherapy is _____. Reimbursement for a session from the private insurance company named _____ is _____.

If you are a candidate and work in your institute's clinic please include, with your application, a letter of permission to apply for the ACP AFAA grant from your director of training.

For a renewal application: Grant amount requested (up to \$5000): _____

Please describe any changes in the family's financial situation and if you are requesting a change in the grant amount. Please attach on separate sheet.

All applicants must understand that any false financial information by the applicant would be considered an ethical breach and possible grounds for legal action.

Further, each applicant must **read and agree to the following disclaimer:**

By providing grants toward the analytic treatment of this case and all therapeutic contacts related to it, the Association for Child Psychoanalysis, Inc. makes no representation and accepts no responsibility concerning the nature or quality of any care, consultation, or treatment which may be provided, nor does the Association for Child Psychoanalysis provide any care, consultation or treatment as an organization.

The undersigned hereby accepts and agrees to the above disclaimer.

Signature of Applicant

Date