

# 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: _____
Address: _____
Email: _____
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
- 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.

**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