

**Association for Child Psychoanalysis**  
Anna Freud Altruistic Analysis Grant Application (AFAA)  
**Basic Grant Information**

Applicant Eligibility

AFAA Grants are open to ACP members and candidate members only.

Grant Eligibility

Grants subsidize the following:

- a low-fee analysis
- an increase of session frequency to 3-5/week
- work with parents to 2/month or more
- treatment of patients who are 25 or younger when the therapist applies for the grant

Grant Process

1. Completed AFAA grant applications may be submitted at any time and are reviewed on a rolling basis.
2. Applicants are *notified* of award decision by letter as soon as possible.
3. Grant money is disbursed directly to the therapist in 6-month installments after analytic work (or associated work with parents) has been completed and the ACP Work Documentation Form has been submitted.
4. Thus, 6 months after starting the work that the award is for, the therapist submits a Work Documentation Form and IRS Form W9. When that is received, 50% of the award is sent to grantee. After the second six months, the grantee submits another Work Documentation Form and the second half of the award is sent.
5. Grant recipients receive a 1099 form from ACP in January. Recipients are responsible for any tax on the amount received.

Additional Information

- Applicants may request up to \$5000 per year.
- AFAA Application forms are available on the ACP website.
- Grants may be renewed twice for a total support of three years of treatment for the same case.
- Grants and grant renewals are not guaranteed; disbursements depend on the financial circumstances of ACP at the time. Grants that are approved are guaranteed.
- Grant recipients and major donors to the ACP AFAA grant fund will be announced at the ACP annual business meeting and published on the ACP website, unless anonymity is requested.

# 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

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**Frequently Asked Questions**

**Can grants support moving treatments from 1/week to 2/week?**

No. Grants only support moving treatments from 2/week to greater frequency

**If a patient stops treatment for which a grant has been awarded, can a reapplication be placed for support of work with another patient?**

Yes. A new application can result in a transfer of the grant award.

**How do I apply?**

Applications can be completed online or printed from the website.

Applications can be emailed to [childanalysis65@gmail.com](mailto:childanalysis65@gmail.com), faxed to 1-866-534-7555, or mailed to ACP 1964 Rahnclyff Ct #22123 Eagan, MN 55122.

**Is the grant tax-free?**

No. Awardees will be asked to submit a completed W-9 form with the first Work Documentation Form and will be issued a 1099 form in January.

**Are AFAA grants available to candidates who work in an institute clinic as part of their analytic training obligation?**

Candidate grant applicants who work in their institute's clinic must submit a letter from their training director giving permission to apply for an ACP AFAA grant.

**What happens if there is a change in patient attendance?**

If a patient's attendance decreases or ceases, recipients will receive a pro-rated portion of the allocated funds. That information must be noted on the Work Documentation Form.

**Who do I contact with questions?**

Questions about the grant and eligibility can be directed to the AFAA Chair, Ava Bry Penman at 617-232-1080 or at [avabrypenman@gmail.com](mailto:avabrypenman@gmail.com)

Questions about applications or the process can be directed the ACP Administrator, Darcy Schatz, at [childanalysis65@gmail.com](mailto:childanalysis65@gmail.com) or 763-645-2157.

# Association for Child Psychoanalysis

## Anna Freud Altruistic Analysis Grant

### Six-Month Work Documentation Form for Grantees

Name: _____
Address: _____
Phone: _____ Email: _____
Six Month Treatment Dates: Start Date _____ to End Date _____
Dates for six-month period must be calculated as follows: from the start of an analysis if the grant is support a new analysis, the start of the increase in treatment if the grant is support the increase, or the start of the increase in parent work to 2/month (or more, concurrent with an analysis). For an ongoing analysis, the start date can be the notification date of the award.

If sessions decreased below level approved for the grant or ceased, what date was the last session which qualified for grant eligibility? \_\_\_\_\_ (grant disbursement will be pro-rated accordingly)

Note sessions per month and explain any changes in frequency or circumstances

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**The undersigned hereby accepts and agrees to the above disclaimer.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Revised March 2019