

# 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 supports the increase, or the start of the increase in parent work to 2/month (or more, concurrent with an analysis) if the grant supports the inclusion of such work. 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 will be pro-rated accordingly)

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

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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**

Revised March 2019