



Mental Health Provider Absence Explanation Form



AttachmentInjuredFamilies@gmail.com



ALLIANCE FOR ATTACHMENT INJURED FAMILIES



Only applicants who are not currently being treated by a mental health provider need to complete this form. Although applicants are not required to be under the care of a mental health provider, we do ask for additional information from those who are not currently receiving such treatment. Please answer all questions thoroughly and truthfully. If you need more space, you are welcome to attach additional pages.

Applicant's Full Name: _____

Date of Birth: _____

Name of Person Completing this Form: _____


Relationship to Applicant: _____

1. Is the applicant currently receiving any form of professional support (e.g., primary care, social worker, school counselor)? If so, please explain.

2. Please explain why the applicant is not currently working with a licensed mental health provider.

3. Has the applicant previously worked with a mental health provider? If yes, please provide basic details (e.g., reason for stopping, how long ago).

The Alliance for Attachment-injured Families seeks to empower, educate, and encourage parents, educators, and other professionals who engage with our children experiencing attachment & trauma related issues to encourage healthier communities throughout the state of Wyoming.




4. How are the mental health or behavioral needs of the applicant currently being addressed?

5. Is there anything else you would like the scholarship committee to know regarding your situation and the need for a service animal?

By signing below, you certify that all the information you have provided is true and accurate.

Signature: _____ v _____ Date: _____

Relationship to applicant: _____



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