

Feeding Matters understands that many families face significant financial difficulty due to the high costs of treating pediatric feeding disorder, and the overall lack of insurance coverage, which is why we are proud to announce the launch of our new Family Assistance Program. Designed to assist families in their time of need, the Family Assistance Program will award five \$2,000 awards to help cover costs related to PFD.

If you meet the Family Assistance Program's [eligibility requirements](#), please submit an application to be considered for financial assistance. You may submit an application by submitting all of the following materials:

- Complete the [online application](#) in its entirety. Incomplete applications will not be reviewed by the selection committee.
- Submit **a letter from a healthcare professional or clinician** documenting feeding difficulties and explaining the need for evaluation and/or treatment, including the positive impact of such evaluation and/or treatment on the child's health. Please have your healthcare professional or clinician list any care or treatments previously provided in connection with the child's feeding difficulties.
- Provide **a 2018 Income Tax Return for the household** (pages 1-2) to be used for proof of income and financial need. Please black out your social security number prior to submitting your tax return.
- Include **a personal statement** consisting of a two to three-minute video OR a written statement, not more than 1,000 words, introducing your child, describing how PFD has affected your family physically and emotionally and how you would use the funds.
- Include **a spending plan** showing how the funds will be used for expenses related to caring for your child with pediatric feeding disorder. We have provided a spending plan template to leverage for your submission.
- If you are sharing a video as your submission, download and [sign the image release form \(or image release form with kids\)](#) for each person included in the video shared.
- Sign the [Family Assistance Program Assistance Agreement](#) stating that you fully understand the terms of the agreement with Feeding Matters.

If you have any questions about this application, please visit our [Frequently Asked Questions](#) page or email [programs@feedingmatters.org](mailto:programs@feedingmatters.org).