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FAMILY ASSISTANCE PROGRAM  
**Letter from Family Member, Friend, Caregiver, or School Personnel**

Please have a family member, friend, caregiver, or school personnel who spends time with your child write a letter with the following elements. Please limit the letter to 350 words.

* How long have you known the applicant/family? What is your relationship?
* Have you witnessed the child’s pediatric feeding disorder (PFD) or feeding difficulties directly? Please describe.
* How has the child’s PFD or feeding difficulties impacted the family dynamics?
* What type of support have you been able to offer the parent/child/family?
* Additional comments?