



FAMILY ASSISTANCE PROGRAM

Letter from Family Member, Friend, Caregiver, or School Personnel

Please answer the following questions. There is a 350-word limit, and we ask that you only use first names or initials of the applicant and family members.

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 members?
(Effects on relationships and emotionally)

What type of support have you been able to offer the parent/child/family?

What is the reason you feel this family should receive an award?