



FAMILY ASSISTANCE PROGRAM

Personal Statement

Please answer the following questions. Please limit your statement to 350 words and only use your child's first name or initials.

Briefly give an overview of your child's pediatric feeding disorder (PFD) or feeding difficulties, including when they were diagnosed (if applicable), what type of treatment(s) have been in place and how long have mealtimes been overwhelming and/or frustrating.

How has your child's PFD or feeding difficulties affected your physical and emotional wellbeing, family dynamics and relationships?

What are you planning on using the funds for and what will the impact be on your child's health if you receive funds from the Family Assistance Program?

What is the most important thing you feel others should know about PFD or feeding difficulties?