



FAMILY ASSISTANCE PROGRAM

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

Please answer the following questions in the space provided below. There is a 300 word limit, and we ask that you only use first names of the applicant and family members.

- How long have you known the applicant/family? What is your relationship?
- How would you describe the efforts the parent has taken to support the child with PFD?
- How has the child's PFD or feeding difficulties impacted the family members? (socially, emotionally, family dynamics)
- What do you think receiving these funds could do for this family?

Title the document using the child's first name and first initial of last name, followed by type of letter, i.e. Hadyn V. Caregiver Letter.