

## FAMILY ASSISTANCE PROGRAM

### Personal Statement

Please provide information about your child and family provided in the space below, not to exceed 300 words and only use your child's first name. The statement should include, but is not limited to:

- Onset of PFD or feeding difficulties and treatment history.
- How has your child's PFD or feeding difficulties affected your physical and emotional wellbeing?
- How much time do you spend feeding your child and/or thinking about feeding your child?
- Are there any family circumstances you would like us to know?
- How would these funds support your child's progress?

**Title the document with your child's first name, first initial of last name and type of letter. i.e. Hadyn V Personal Statement.**