

The following questions are to be answered by the patient's Parent or Guardian:

1. **Fully describe (to the extent of the allowed space) the history of your child's eating disorder, and any attempts to seek treatment.**
2. **How was the need for this program determined?**
3. **If you are able to obtain treatment for your child with the help of a Kartini Foundation grant, how will you obtain continuing or follow-up care for your child in the future?**
4. **What is the total amount needed for this treatment program?**

List other sources of support to which you are making application for this treatment program:

<u>Source</u>	<u>Amount Requested</u>	<u>Current Status</u>
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5. **Describe the treatment program's evaluation procedures. Please be specific about who will evaluate treatment; anticipated dates for assessment.**
6. **General financial information: Please briefly describe your family's finances. Please include a description of all sources of income, health insurance, your family's other health-related expenses, and any other information the Foundation may find useful in determining your financial needs.**

Please attach a copy of your federal tax return for the last two years.