

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]

[Department for Work and Pensions (DWP) Address]  
[City, State, Zip Code]

Subject: Appeal Against PIP Decision

Dear [DWP Appeal Department],

I am writing to formally appeal the decision made regarding my Personal Independence Payment (PIP) application on [date of decision letter]. My application was [approved/rejected] on [decision date], and I believe that the assessment did not fully take into account my circumstances. [Explain your condition and how it affects daily living and mobility, use the following points as a guide:]

1. **\*\*Condition and Impact:\*\***

- Provide a brief description of your medical condition(s).
- Explain how these affect your daily life and mobility.

2. **\*\*Discrepancies in Assessment:\*\***

- Highlight specific areas in the assessment that you believe were incorrect or misinterpreted.
- Reference any supporting documentation or evidence (e.g., medical reports, testimonials) that you are including with your appeal.

3. **\*\*Details of Your Daily Living Needs:\*\***

- Describe the assistance and support you require on a daily basis.
- Mention any relevant episodes or examples that illustrate your challenges.

4. **\*\*Mobility Challenges:\*\***

- Discuss how your condition affects your ability to move around and any aids you require.

5. **\*\*Supporting Documentation:\*\***

- I have enclosed copies of [list documents, e.g., medical records, letters from healthcare providers, etc.] to support my appeal.

I kindly request that my case be reviewed again in light of the above information. I believe that I meet the eligibility criteria for PIP based on the severity of my condition and the daily challenges I face.

Thank you for considering my appeal. I look forward to your prompt response.

Yours sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your National Insurance Number]