

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

[Recipient's Name]  
[Recipient's Position]  
[Organization/Agency Name]  
[Organization/Agency Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Application for Attendance Allowance

I am writing to formally request an Attendance Allowance for [Applicant's Name], who is [Applicant's Age] years old and requires additional support due to [brief description of the medical condition or disability].

[Explain the applicant's circumstances, including their day-to-day needs and how these impact their ability to perform daily activities independently. Include specifics about the support required to demonstrate the need for the allowance.]

We have carefully documented the required needs in detail, and I have attached any relevant medical reports, assessments, and supporting documents to substantiate this request.

Thank you for considering this application for Attendance Allowance. Please feel free to contact me at [your phone number] or [your email address] if you require any additional information or clarification.

Sincerely,

[Your Name]  
[Your Relationship to the Applicant]