[Your Name] [Your Address] [City, State, Zip Code] [Email Address] [Phone Number] [Date] [Department for Work and Pensions] [Office Address] [City, State, Zip Code] Subject: Appeal for Attendance Allowance Claim Reference Number: [Your Claim Reference Number] Dear Sir/Madam, I am writing to formally appeal the decision made regarding my Attendance Allowance application dated [insert date of initial application]. I was informed via [insert date of decision letter] that my application was denied due to [briefly state reason for denial]. I wish to provide additional information and clarify my circumstances which demonstrate my eligibility for Attendance Allowance. My medical conditions include [list your medical conditions] which significantly affect my daily living and mobility. 1. **Medical Conditions**: - [Detail Condition 1 (e.g., description, consultation notes, impact on daily life)] - [Detail Condition 2] - [Detail Condition 3] 2. **Daily Living Needs**: - I require assistance with personal care activities such as [list specific activities e.g., bathing, dressing, meal preparation]. - Due to my conditions, I experience difficulties in [explain challenges faced, e.g., moving around the house, managing medications]. 3. **Support from Others**: - I rely on [mention family, friends, caregivers] to assist me with [detail the specific types of help you need]. - [Include any statements or reports from caregivers or medical professionals supporting your claim]. 4. **Impact on Life**: - My conditions have [explain how they limit your ability to live independently and any social or emotional effects]. I have included supporting documentation with this letter, including [list documents such as medical reports, care assessments, and witness statements]. I appreciate your reconsideration of my application and look forward to your prompt response. Please do not hesitate to contact me at [insert phone number] or [insert email address] should you require any further information. Thank you for your attention to this matter. Yours sincerely, [Your Signature (if sending a hard copy)] [Your Printed Name]