

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

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

Dear [Recipient's Name],

I am writing to provide my support for [Applicant's Name] in their application for disability assistance. I have known [him/her/them] for [duration] as [briefly describe your relationship, e.g., a friend, caregiver, or healthcare professional].

[Applicant's Name] faces [describe the specific disabilities or challenges], which significantly impact [his/her/their] daily life and ability to [mention relevant activities, e.g., work, study, manage daily tasks]. These challenges have been consistent and persistent, influencing [his/her/their] overall well-being.

It is my belief that the assistance being sought by [Applicant's Name] would greatly enhance [his/her/their] quality of life. With this support, [he/she/they] would be able to [describe how the assistance will help, e.g., access necessary treatments, participate in rehabilitation programs, secure a stable living environment].

I urge you to consider [Applicant's Name]'s application positively. [He/She/They] deserves the opportunity to receive the necessary support that can enable [him/her/them] to manage [his/her/their] disability effectively.

Thank you for your attention to this matter. Please feel free to contact me at [your phone number or email] if you require any further information.

Sincerely,

[Your Name]

[Your Title, if applicable]