

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient Name]
[Department for Work and Pensions]
[Address]
[City, State, Zip Code]

Dear [Recipient Name],

Re: Application for Disability Living Allowance for [Child's Name]

I am writing to apply for Disability Living Allowance (DLA) for my child, [Child's Name], who was born on [DOB]. [He/She/They] has been diagnosed with [specific condition(s)] which significantly affects [his/her/their] day-to-day life.

[Provide a brief description of your child's condition, how it impacts their daily activities, and any relevant medical information.]

[Detail how this condition affects their ability to engage in personal care, mobility, and any other relevant aspects of daily living. Be specific about challenges faced and support needed.]

[Include any additional information about your child's needs, such as therapies, medications, or interventions that are part of their routine care.]

I have enclosed all necessary documentation, including medical reports and assessments, to support this application.

Thank you for considering this application. Should you require any further information, please do not hesitate to contact me.

Yours sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]

[Enclosures: List of documents included]