

[Your Name]

[Your Address]

[City, Postcode]

[Email Address]

[Phone Number]

[Date]

[Name of the DLA Assessment Team]

[Address of the DLA Office]

[City, Postcode]

Dear Sir/Madam,

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

National Insurance Number: [Child's NI Number]

I am writing to formally request Disability Living Allowance on behalf of my child, [Child's Name], who is [age] years old. [Child's Name] has been diagnosed with [specific condition/diagnosis] which significantly impacts their daily activities and requires additional support.

[In this paragraph, describe your child's condition, how it affects their daily life, and any relevant medical information. Include details on any treatment or therapy they are undergoing if applicable.]

[In this paragraph, provide specific examples of how your child's condition affects their ability to perform daily tasks such as personal care, mobility, and social interactions. Mention any assistance or equipment they need.]

I have enclosed the relevant medical reports, assessments, and any additional documentation to support this application. I appreciate your attention to this matter and look forward to your prompt response.

Thank you for considering our application.

Yours sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]

[Relationship to the Child]