

[Your Name]
[Your Address]
[City, Postcode]
[Email Address]
[Phone Number]
[Date]

Disability Living Allowance (DLA)

[Relevant DLA Office Address]
[City, Postcode]

Dear Sir/Madam,

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

I am writing to formally apply for Disability Living Allowance (DLA) on behalf of my child, [Child's Full Name], who was born on [Child's Date of Birth].

[Briefly describe your child's condition and any relevant background information.]

I believe that [Child's Name] qualifies for DLA due to [specific reasons detailing their disability and the impact on daily living]. This includes [provide examples of how the disability affects their daily life, such as personal care needs, mobility issues, etc.].

I have enclosed all the necessary documentation including [list any attached documents, such as medical reports, assessment forms, etc.].

Thank you for considering this application. I look forward to your prompt response.

Yours faithfully,

[Your Name]

[Your Signature (if sending a hard copy)]