

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient Name]
[Organization/School Name]
[Address]
[City, State, Zip Code]

Dear [Recipient Name],

I am writing to apply for the Disability Living Allowance (DLA) for my child, [Child's Name], who has been diagnosed with autism spectrum disorder. [Child's Name] is currently [age] and has faced numerous challenges that significantly impact daily living and mobility.

[Provide a brief overview of your child's condition, including diagnosis details and any relevant medical or psychological assessments.]

[Explain how autism affects your child's daily life, incorporating specific examples of difficulties they face at home, in social situations, and at school.]

[Detail any additional support your child requires, including therapies, special educational needs, and any equipment or services they use.]

We believe that the DLA will provide essential support to help manage the costs associated with [Child's Name]'s care and ensure they have the resources they need to thrive.

Thank you for considering this application. We look forward to your positive response.

Sincerely,

[Your Name]
[Relationship to Child]