

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

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

Dear [Recipient's Name],

Subject: Disability Living Allowance (DLA) Claim

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

[He/She/They] experiences [brief description of condition or disability], which impacts [his/her/their] daily living and mobility.

[Include a paragraph detailing the impact of the condition on the child's daily life, such as difficulties with self-care, mobility, or social interactions.]

To support this claim, I have attached relevant medical documentation and assessments from [insert names of doctors or organizations] that outline [Child's Name]'s condition and its effects.

Please let me know if you require any further information to process this claim. I look forward to your prompt response.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Relationship to the Child]