

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient Name]
[Department for Work and Pensions (DWP) or Relevant Authority]
[Address]
[City, State, Zip Code]
Subject: Disability Living Allowance (DLA) Application for [Child's Name]
Dear [Recipient Name],
I am writing to apply for Disability Living Allowance (DLA) for my child,
[Child's Full Name], who was born on [Child's Date of Birth].
[He/She/They] has been diagnosed with [specific disability or condition],
which affects [his/her/their] daily life in the following ways:
[Briefly describe the child's condition and how it impacts daily living
and mobility, including specific examples.]
Due to these challenges, I believe that [Child's Name] qualifies for DLA.
I have included all necessary documentation to support this application,
including a medical report from [Doctor's Name] and any additional
relevant information.
Please let me know if you require any further information or
documentation. I look forward to your prompt response.
Thank you for your attention to this matter.
Sincerely,
[Your Name]
[Your Signature (if sending a hard copy)]