

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

[Recipient Name]
[Recipient Title]
[Organization Name]
[Organization Address]
[City, State, Zip Code]

Dear [Recipient Name],

Subject: Request for DLA (Disability Living Allowance) for Pediatric Case

I am writing to formally request a Disability Living Allowance (DLA) for my child, [Child's Name], who is [Age] years old and has been diagnosed with [specific condition or disability].

[Child's Name] faces significant challenges in daily living and mobility due to [briefly describe how the condition affects their daily life].

[Explain the impact on your child's ability to perform daily tasks, participation in activities, and any additional care needs.]

As a result, I believe that [Child's Name] meets the eligibility criteria for DLA. Attached to this letter are relevant documents, including medical reports, assessments, and any additional evidence that supports this request.

I kindly ask for your attention to this matter and would appreciate any assistance you can provide in processing this application. I am available for further information if necessary and look forward to your prompt response.

Thank you for your consideration.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]

[Attachment List: Medical Reports, Assessment Forms, etc.]