

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

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

Dear [Recipient's Name],

I am writing to provide support for [Child's Full Name], who is [Child's Age] years old and has been diagnosed with [Specific Condition/Disability]. As [his/her/them] [relationship to the child, e.g., parent, guardian, etc.], I want to highlight the challenges [he/she/they] faces daily and the need for additional assistance through Disability Living Allowance (DLA).

[Child's Full Name] struggles with [describe the condition or situation that impacts the child's daily life, such as mobility, communication, social interaction, or personal care]. These challenges significantly affect [his/her/their] ability to [describe daily activities impacted, e.g., go to school, participate in recreational activities, complete self-care tasks].

Due to [his/her/their] condition, [he/she/they] requires [detail the assistance required, such as supervision, specialized equipment, transportation accommodations, etc.]. This support is vital to ensure [he/she/they] can lead as fulfilling and independent a life as possible. I believe that DLA will not only help alleviate some of the financial burdens associated with [Child's Full Name]'s care but will also provide essential support for [his/her/their] enhancement and overall development. With DLA, we aim to enhance [his/her/their] quality of life and support [his/her/their] well-being.

Thank you for considering this application for Disability Living Allowance for [Child's Full Name]. I am happy to provide any additional information or documentation needed to support this application.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]