

[Your Name]  
[Your Address]  
[City, State, ZIP Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Recipient's Name]  
[Department or Organization Name]  
[Address]  
[City, State, ZIP Code]

Dear [Recipient's Name],

I am writing to formally request the Disability Living Allowance (DLA) for my child, [Child's Name], who has been diagnosed with [specific condition or disability]. [Child's Name] is [age] years old and requires additional support due to their special needs.

[Briefly describe your child's condition, diagnosis, and any relevant details about how it affects their daily life--such as mobility, care needs, and any other relevant challenges.]

To support this application, I have included the following documents:

1. Medical reports and letters from [healthcare professionals]
2. [Any assessments or evaluations relevant to the condition]
3. [Relevant educational reports, if applicable]

I believe that [Child's Name] meets the criteria for DLA and would greatly benefit from the additional financial support. Should you require any further information or clarification regarding this application, please do not hesitate to contact me.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,  
[Your Name]