

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

[Recipient Name]
[Department for Work and Pensions (DWP)]
[Address]
[City, State, Zip Code]

Dear [Recipient Name or "Sir/Madam"],

Subject: Application for Disability Living Allowance for [Child's Name]

I hope this letter finds you well. I am writing to formally apply for the Disability Living Allowance (DLA) for my child, [Child's Name], who is [Child's Age] years old and has been diagnosed with [specific condition(s) or disabilities].

[Paragraph describing the child's condition, how it affects their daily life, and any relevant medical documentation attached. Include specific examples of how the condition impacts their mobility and care needs.]

Due to [his/her/their] condition, [Child's Name] requires additional support and assistance with [specific tasks or activities, such as personal care, mobility, social interaction, etc.].

[Include any specific details about the frequency and duration of care needed, as well as any relevant observations or statements from healthcare professionals attesting to your child's needs.]

I have attached all necessary documentation including [list of documents, e.g., medical reports, assessments, etc.] to support our claim.

I appreciate your consideration of our application for DLA, which would greatly assist us in providing [Child's Name] with the supports [he/she/they] needs to improve [his/her/their] quality of life.

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

Yours sincerely,

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