

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Recipient's Position]
[Department for Work and Pensions (DWP)]
[Office Address]
[City, State, Zip Code]

Dear [Recipient's Name],

RE: Letter of Evidence for DLA Application for [Child's Name]

I am writing to provide supporting evidence for the Disability Living Allowance (DLA) application for my child, [Child's Name], born on [Child's Date of Birth].

[Describe the child's condition and the impact it has on their daily life. Include specific examples of difficulties faced in mobility, personal care, social interactions, and any additional needs.]

For instance, [Child's Name] experiences [specific issues such as difficulty in walking, communicating, or eating], which significantly impacts their ability to [mention activities that are affected]. As a result, [he/she/they] often requires assistance with [list tasks like dressing, bathing, medication, etc.], which is not typical for a child of [his/her/their] age.

To further illustrate [Child's Name]'s needs, I have included [mention any documents, reports, assessments, or letters from health care professionals that you are attaching]. These documents provide further details on [his/her/their] condition and the level of care required.

I kindly ask that you take this evidence into consideration during the assessment of [Child's Name]'s DLA application. Thank you for your attention to this matter.

Yours sincerely,

[Your Name]