

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

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

Subject: Support for DLA Application for [Child's Name]

Dear [Recipient Name],

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

[He/She/They] has been diagnosed with [specific condition or diagnosis] and experiences significant challenges in daily living due to [describe the nature of the child's disabilities or difficulties].

[Briefly describe specific difficulties and how they affect the child's ability to perform daily activities, such as personal care, mobility, learning, and social interaction.]

[Provide examples of how these difficulties impact your child's daily life and the need for additional support. You may include details about any therapies or treatments they undergo.]

Furthermore, [Child's Name] requires additional supervision and assistance due to [describe situations where the child needs help or supervision, such as crossing the road, personal hygiene, etc.]. This not only impacts [his/her/their] quality of life but also puts a strain on our family, as we are constantly seeking ways to support [him/her/them]. I strongly believe that [Child's Name] meets the criteria for DLA, as [he/she/they] faces substantial difficulties that hinder [his/her/their] ability to engage in everyday activities independently. I sincerely hope you take this letter into consideration while reviewing [his/her/their] application.

Thank you for your support.

Yours sincerely,

[Your Name]  
[Relationship to the Child]