

[Your Name]  
[Your Address]  
[City, State, ZIP Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Recipient Name]  
[Recipient's Title]  
[Organization/School Name]  
[Organization Address]  
[City, State, ZIP Code]

Dear [Recipient Name],

Re: DLA Support for [Child's Name]

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

[Child's Name] experiences significant challenges in daily living due to [brief description of the condition and how it affects daily life]. For instance, [specific examples of difficulties faced, such as mobility, personal care, communication, etc.].

As a result of these challenges, [Child's Name] requires additional support, including [list any necessary support or assistance needed]. Our family has been greatly impacted, and providing [Child's Name] with the necessary support would significantly improve their quality of life.

I have enclosed relevant documentation, including [list any attached documents, such as medical reports, assessments, etc.], supporting our application.

Thank you for considering this request. Please do not hesitate to contact me should you need any further information or clarification.

Sincerely,

[Your Name]

[Your Relationship to Child]