

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

Department for Work and Pensions  
Disability Living Allowance  
[Office Address]  
[City, State, Zip Code]

Dear Sir/Madam,

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

I am writing to formally apply for Disability Living Allowance (DLA) for my child, [Child's Name], who was born on [Date of Birth]. [He/She/They] has been diagnosed with [specific condition or disability], which significantly affects [his/her/their] daily living activities and mobility.

[Provide a detailed description of the child's condition, including how it impacts daily life, mobility, and care needs. Include specific examples and any relevant medical or educational reports.]

As a result of [Child's Name]'s condition, we require additional support and assistance in the following areas:

1. **\*\*Personal Care Needs:\*\*** [Explain specific personal care tasks that your child requires assistance with and how often.]
2. **\*\*Mobility:\*\*** [Describe your child's mobility limitations and how they affect daily activities and travel.]
3. **\*\*Supervision:\*\*** [Explain any additional supervision needs due to safety concerns or behavioral aspects of the condition.]

We have attached relevant documentation, including [list of any attached documents, such as medical reports, care assessments, etc.], to support our application.

Please find the completed DLA application form enclosed, along with any further information required.

Thank you for considering our application. We look forward to your prompt response, as this support is crucial for the well-being of [Child's Name].

Yours sincerely,

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