

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Address of the Relevant Authority]
[Department or Agency Name]
[City, State, Zip Code]

Dear [Recipient's Name or "To Whom It May Concern"],
I am writing to formally request a Disability Living Allowance (DLA) for my child, [Child's Name], who is [Child's Age] years old. We believe that [Child's Name] meets the eligibility criteria due to [briefly explain the disabilities or conditions affecting your child and how they impact daily living or mobility].

Enclosed are the necessary documents, including [list any documents you are including, such as medical reports, assessments, or forms]. We hope that this information will assist you in processing our request.

Thank you for considering our application. Please do not hesitate to contact me if you require any further information.

Sincerely,

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