

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

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

Subject: Disability Living Allowance Claim for [Child's Full Name]

Dear Sir/Madam,

I am writing to formally submit a claim for Disability Living Allowance (DLA) on behalf of my child, [Child's Full Name], who is [Child's Age] years old.

[Child's Full Name] has been diagnosed with [specific medical condition/disability], which significantly impacts their daily living activities and mobility. [Briefly explain the condition and how it affects your child's life, including specific examples of difficulties faced in daily activities.]

To support this claim, I have attached the following documents:

1. Medical reports and assessments from [medical professionals].
2. [Any other relevant documents, such as school reports, support letters, etc.]

I believe that [Child's Full Name] meets the eligibility requirements for DLA and kindly request that you review this claim. If you need any further information or clarification, please do not hesitate to contact me at the above phone number or email address.

Thank you for your attention to this matter.

Yours sincerely,

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