

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

[Department for Work and Pensions (DWP)]
[Address of the relevant DWP office]
[City, State, Zip Code]

Subject: Petition for Child Disability Living Allowance (DLA)

Dear [DWP Contact Name/To Whom It May Concern],

I am writing to formally request a review of my child's eligibility for Disability Living Allowance (DLA). My child, [Child's Name], was born on [Child's Date of Birth] and has been diagnosed with [Diagnosis/Condition].

I believe that [Child's Name] meets the criteria for DLA due to the following reasons:

1. ****Daily Living Needs****:
 - [Briefly describe how your child's condition affects their daily living activities.]
 - [Provide specific examples of assistance required.]
2. ****Mobility Needs****:
 - [Describe any mobility challenges your child faces.]
 - [Include details on if they require assistance when outside the home.]
3. ****Assessment of Needs****:
 - [Mention any assessments, reports, or recommendations from healthcare professionals.]
 - [Attach any relevant documentation that supports your case.]
4. ****Impact on Family****:
 - [Describe how your child's condition affects family life and care requirements.]
 - [Indicate how DLA would alleviate some of the financial and emotional burdens.]

I have included the necessary documentation, including [list documents like medical reports, prescription information, etc.], to support this petition.

Thank you for considering this request. I am looking forward to your prompt response regarding [Child's Name]'s application for DLA.

Sincerely,

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