

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

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

Subject: Submission of Disability Living Allowance (DLA) Claim

Dear Sir/Madam,

I am writing to formally submit my claim for Disability Living Allowance (DLA) as recommended by my healthcare provider.

Personal Details:

- Name: [Your Name]
- National Insurance Number: [Your NI Number]
- Date of Birth: [Your DOB]

I am applying for DLA due to [briefly explain your condition/disability], which significantly impacts my daily life and mobility.

Enclosed with this letter are the following documents to support my claim:

1. Completed DLA claim form
2. Medical evidence
3. Identification documents
4. [Any other relevant documentation]

I would appreciate it if you could acknowledge receipt of this claim and inform me of the next steps in the assessment process.

Thank you for your attention to this matter. I look forward to your prompt response.

Yours sincerely,

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