

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

[Recipient Name]
[Recipient Title]
[Department of Labor Affairs]
[Department Address]
[City, State, Zip Code]

Subject: Documentation for Disability Living Allowance (DLA) Application

Dear [Recipient Name],

I am writing to submit the necessary documentation for my Disability Living Allowance application. Below is a list of the enclosed documents for your review:

1. Completed DLA Application Form
2. Medical Reports from [Doctor's Name/Facility]
3. Evidence of Daily Living Needs (Questionnaire)
4. Personal Statement detailing my disability impact
5. [Any other relevant documents]

I appreciate your assistance and attention to this matter. Please do not hesitate to contact me if you require any additional information or clarification.

Thank you for your time and consideration.

Sincerely,

[Your Name]