

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Department for Work and Pensions]
[Address]
[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Guidance on completing the DLA form

I hope this letter finds you well. I am writing to seek guidance regarding the completion of the Disability Living Allowance (DLA) form. I want to ensure that my application is accurate and comprehensive to facilitate a smooth assessment process.

1. ****Personal Information:****

Please confirm what specific personal details are required to be filled in the application, and if there are any particular formats to follow.

2. ****Disability Evidence:****

I would appreciate guidance on the type of medical evidence or documentation that should accompany the application. Are there specific forms or letters that are recommended?

3. ****Impact on Daily Life:****

I seek clarification on how detailed my description should be regarding the effect of my disability on daily activities. Are there examples or templates that highlight what information is most valuable for the assessment?

4. ****Additional Support:****

If available, could you provide information on resources or support services that might assist me in completing the form?

Thank you very much for your assistance. I look forward to your prompt response, as I am keen to complete the application accurately.

Sincerely,
[Your Name]