

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

[Recipient Name]
[Department/Organization Name]
[Address]
[City, State, ZIP Code]

Subject: Request for DLA Eligibility Assessment

Dear [Recipient Name],

I hope this message finds you well. I am writing to formally request an eligibility assessment for Disability Living Allowance (DLA) due to my [describe your condition or disability briefly].

I believe that I meet the criteria for DLA based on the following reasons:

1. ****Condition Details****: [Provide a brief description of your condition, including diagnosis and how it affects your daily life].
2. ****Impact on Daily Activities****: [Explain how your condition impacts your ability to carry out daily activities, such as mobility, care needs, etc.].
3. ****Supporting Documentation****: [List any accompanying documents, such as medical reports, assessments, or letters from healthcare professionals that support your claim].

I kindly ask that you initiate my assessment at your earliest convenience. Please let me know if there are any forms I need to complete or additional information required for the process.

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

Sincerely,

[Your Name]

[Signature (if sending a hard copy)]