

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Recipient's Title]
[Organization/Agency Name]
[Address]
[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Request for Assessment for Persons with Disabilities (PWD)

I hope this letter finds you well. I am writing to formally request an assessment for Persons with Disabilities (PWD) status. My name is [Your Name], and I am a resident of [Your City/State].

Due to [briefly explain your condition or situation], I believe that I may qualify for PWD status, which would greatly assist me in accessing necessary resources and support services.

I kindly ask for your guidance on the process involved, including any forms or documentation required for the assessment. I am eager to provide any additional information that may assist in the evaluation.

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

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]