ADDRESS SENDING FROM   
ADDRESS SENDING TO 

Date

**To Whom It May Concern,**

**Re: Supporting Letter for [Child/ Young person’s Full Name],** of **[ADDRESS]  
 – Application for Disability Living Allowance (DLA)**

I am writing to provide supporting information for [Child/Young Person’s Name] in relation to their application for **Disability Living Allowance (DLA)**. I am a [Your Professional Title] at [Your Organisation] and have been directly supporting [Child/Young Person’s Name] since [Date of First Interaction], providing professional oversight and assistance tailored to their complex medical and care needs.

[Child/Young Person’s Name] has been diagnosed with [Medical Condition(s)], which significantly affects their ability to carry out daily tasks compared to a child of the same age without a disability. Their condition necessitates ongoing **specialist care, supervision, and support** in the following key areas:

**Daily Living Tasks**

Requires assistance beyond what is typical for their age, including:

* [Tracheostomy care, suctioning, ventilator management. enteral feeding or specialist dietary needs, personal hygiene and dressing support, supervision to prevent choking or aspiration].

**Mobility Needs**

Experiences limitations requiring:

* [Use of a wheelchair or mobility aid, assistance with transfers and repositioning, chronic fatigue impacting movement, inability to walk unaided].

**Supervision and Medical Oversight**

Requires ongoing monitoring due to:

* [Ventilator dependency or risk of respiratory distress, frequent suctioning or emergency intervention needs, seizures, risk of sudden deterioration, or medical emergencies].

**Communication and Interaction**

Challenges requiring additional support include:

* [Use of AAC (Augmentative and Alternative Communication) devices, non-verbal or limited verbal communication, difficulty processing instructions or expressing needs].

**Night-time Care Needs**

Requires significant overnight support for:

* [ Repositioning due to mobility limitations, frequent suctioning or breathing support, continuous monitoring to prevent medical deterioration].

**Pain, Fatigue, or Distress**

Experiences persistent challenges that affect daily engagement, such as:

* [Significant discomfort or pain limiting activity participation, fatigue causing withdrawal from tasks, distress requiring additional emotional or behavioural support].

**Support Outside the Home**

Requires continuous adult supervision due to:

* [ A possible need for suction, tracheostomy changes, breathing monitoring, or spare ventilation provision.  
  • Other risks, including a high risk of harm, lack of danger awareness, or dependency on an adult for safety and navigation.  
  • Behavioural support needs in social or public settings].

Despite ongoing medical care and structured support, **[Child/Young Person’s Name]** requires **substantial and continuous assistance that exceeds the typical needs of a child their age**. Their condition impacts **daily living, mobility, and overall quality of life,** requiring additional **care and supervision to maintain their well-being.**

Given these significant care needs, **I strongly support their application for DLA,** as they meet the eligibility criteria for **[appropriate rate—low, middle, or high] care and/or mobility component** under the DLA framework.

I am happy to provide further details or clarification if required. Please do not hesitate to contact me should any additional information be needed.

Yours faithfully,

[Signatory/Signatories]

**[Attachments:** It is important to attach any supporting clinical or medical letters that will strengthen the assessment for DLA. These may include letters from consultants, community nurses, or other healthcare professionals involved in Child/Young Person’s care.