ADDRESS SENDING FROM
ADDRESS SENDING TO

Date

 **To Whom It May Concern,**

**Re: Supporting Letter for [Young person’s Full Name],** of **[ADDRESS]
 – Application for Personal Independence Payment (PIP)**

I am writing to provide supporting information for **[Name]** in relation to their **Personal Independence Payment (PIP) application**. I am a **[Your Professional Title]** at **[Your Organisation]** and have been supporting **[Name]** since **[Date of First Interaction]** in a professional capacity, providing oversight and assistance tailored to their **complex medical and care needs.**

[Name] has been diagnosed with [Medical Condition(s)], which significantly affects their ability to carry out daily tasks compared to someone of the same age without a disability. Their condition necessitates ongoing **specialist care, supervision, and support** outlined below:

**Daily Living Activities**

[Name] experiences significant difficulties with essential daily tasks and requires support with:

* **Managing therapy and medical needs**, including [ventilator care, tracheostomy management, or oxygen therapy].
* **Personal care**, such as [washing, dressing, and maintaining hygiene, due to mobility limitations or fatigue].
* **Preparing and eating food**, including assistance with [enteral feeding or supervision to prevent choking].
* **Managing medication**, requiring prompting or assistance due to [cognitive or physical limitations].
* **Communication challenges**, including [reliance on AAC (Augmentative and Alternative Communication) devices or difficulty understanding and processing information].
* **Supervision for safety**, as they may be at risk due to [medical, cognitive, or mobility-related concerns].

**Mobility Needs**

[Name] experiences significant mobility challenges, which impact their ability to move around safely and independently. They require:

* A wheelchair or mobility aid for longer distances or at all times.
* Assistance with transfers and positioning due to muscle weakness, fatigue, or pain.
* Support due to chronic fatigue, breathlessness, or pain when walking.
* Close supervision when outdoors, as they may be at risk due to lack of danger awareness, behavioural difficulties, or medical needs requiring immediate intervention.

Despite receiving structured support and medical care, [Name] requires substantial additional assistance and supervision beyond what is typical for someone of their age. Their condition affects their ability to perform daily activities, their mobility, and their overall independence, necessitating continuous specialist care and intervention.

Given their high level of need, I strongly support their application for Personal Independence Payment (PIP) as they meet the eligibility criteria for [appropriate rate – standard or enhanced] daily living and/or mobility component under the PIP framework.

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

Yours faithfully,

[Signatory/Signatories]

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