

Disability Support Application

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

To Whom It May Concern,

I am writing to formally request support for assistive technology due to my disability. I have been diagnosed with [insert disability], which significantly impacts my ability to [describe how your disability affects your daily life or education].

To improve my quality of life and enhance my ability to [state specific needs, e.g., participate in school, work, or daily activities], I am seeking the following assistive technologies:

- [Assistive Technology 1]
- [Assistive Technology 2]
- [Assistive Technology 3]

These tools will help me [describe the benefits and improvements expected from each technology]. I have researched my options and believe that these assistive technologies will directly address my needs.

Enclosed with this letter are copies of relevant documentation, including my medical diagnosis and recommendations from my healthcare provider. I am hopeful that you will consider my request favorably.

Thank you for your time and support. I look forward to your prompt response.

Sincerely,

[Your Name]