

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 apply for disability support as a family caregiver for [Name of the individual receiving care], who has been diagnosed with [specific disability or condition]. Our family has encountered significant challenges in providing the necessary care, and I believe that receiving support will greatly improve the quality of life for both [Name] and myself.

[Name] is currently [age or description of the person], and their condition requires [describe the care required and any additional context]. As their primary caregiver, I devote [number of hours] hours each week to assist with daily activities such as [list specific tasks, e.g., personal hygiene, meal preparation, medical appointments].

Despite my best efforts, the emotional and financial strain is considerable. Thus, I am seeking support in the form of [specify the type of support requested, e.g., financial assistance, counseling services, respite care]. I believe this support would not only benefit me but also enhance [Name]'s overall well-being.

Please find attached the necessary documentation, including [list any supporting documents, e.g., medical reports, care plans, etc.], to support my application.

Thank you for considering my application. I look forward to your positive response and am happy to provide any further information if required.

Sincerely,

[Your Name]