

Disability Support Application for Therapy and Rehabilitation Funding

Date: [Insert Date]

To Whom It May Concern,

My name is [Your Name] and I am writing to formally request funding for therapy and rehabilitation services to support my disability needs. I have been diagnosed with [Insert Diagnosis] and have been experiencing [briefly describe the challenges or limitations you are facing].

Due to my condition, I require ongoing therapy and rehabilitation to improve my quality of life and regain my independence. Specifically, I am seeking funding for [list specific therapies or services required, e.g., physical therapy, occupational therapy, psychological counseling]. The costs associated with these services total [insert dollar amount].

Attached are the relevant medical documents and recommendations from my healthcare providers that support my request. I am hopeful that you will consider my application favorably to enable me to access these essential services.

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

Sincerely,

[Your Name]

[Your Address]

[Your Phone Number]

[Your Email Address]