[*Please make sure that you send the Mandatory Reconsideration request to the address set out in the decision letter*]

Your Name
Your Address

Date *[ make sure it is sent within one month of date of decision letter]*

Dear Sir or Madam,

**Mandatory Reconsideration Request – Disability Living Allowance (DLA)**

**Re:** *[Insert your name, address, date of birth and national insurance number]*

**DLA Decision Reference: [***insert DLA ref no from decision letter)*

I am writing to you to request a mandatory reconsideration following your decision letter dated [*date of decision letter*] in relation to my son/ my daughter/’s *amend as appropriate* Disability Living Allowance application.

*If you are happy with one element of the decision state which one e.g.* I agree with the decision to award DLA care component at the higher rate.

I disagree with the decision not to award DLA/ not to award the care/ mobility component of DLA/ the rate of the care/ mobility component that has been awarded *amend as appropriate*.

**Care Component**

In reaching your decision I believe you have not taken into account the extent, nature and impact of X’s condition. [*Briefly explain about X’s learning disability and how it impacts on X*]

*Option 1* *Higher rate care component*- I believe X is eligible to receive DLA care component at the higher rate as he/she requires frequent attention with his/her bodily functions/ continual supervision to avoid the risk of substantial danger to himself/ herself or another person, both during the day and the night.

*Explain why they need that level of attention or supervision and give examples of why they need that level of attention or supervision. Make sure that you clearly set out that they have needs in the day AND the night.*

*Option 2 Middle rate care component –* I believe X is eligible to receive DLA at the middle rate care as he/she requires frequent attention with his/her bodily functions/ continual supervision to avoid the risk of substantial danger to himself/ herself or another person during the day; ***or*** he/ she requires prolonged help with their personal care, or repeated help with personal care during the night.

*Explain why they need that level of attention or supervision and give examples of why they need it.*

*Option 3 - Lowest rate care component.* I believe X is eligible to receive the lower rate of the care component of DLA as he/she needs attention from another person in connection with their ‘bodily functions’ for a ‘significant portion’ of the day.

*Explain why they need that level of attention or supervision and give examples of why they need it.*

**Mobility Component**

*Option 1- Higher rate mobility component.* I believe that X is eligible to receive DLA mobility component at the higher rate becausehe/she has a severe mental impairment or severe behavioural problems and qualifies for the highest rate of DLA care component; *or*

*Option 2 -Lower rate.* I believe that X is eligible to receive DLA mobility component at the lower rate because he/ she can walk but is so severely disabled mentally or physically that he/she cannot get around outdoors without guidance or supervision from another person most of the time.

*Explain why X meets the criteria and give examples too.*

**Conclusion**

On this basis, I request that your decision of [date] not to award Disability Living Allowance/ not to award the care/ mobility component of Disability Living Allowance/ to award the care component at the lower/middle rate/ to award the mobility component at the lower rate *amend as appropriate* is reconsidered under the mandatory reconsideration process.

I would be most grateful if you could inform me of progress in this matter and advise me whether I need to take any more steps to deal with this as soon as possible.

I look forward to hearing from you.

Yours faithfully

*Name*