Letter of intent

For _____

The letter of intent is a personal road map that enables you to gather relevant information in one place and make clear your wishes and expectations to family members and others who will assume responsibility for your loved one's care when you no longer are able to do so. It is not a legal document, but it is an important one for letting your intentions and desires be known. This is a living document that should be reviewed and updated annually.

This outline is intended to serve as a general guide; customize this based on the needs of your loved one and your family. As well, consider supplementing this with a video, copies of individualized education plans (IEPs), a Medicaid waiver application, or other documents that would help someone who will be caring for your dependent.

Section 1
My child's family life and medical information

Section 2
Where my child lives

Section 3
My child's daily life and activities

Section 4
My child's values and goals

Section 5
Important names and contact information

Date completed _____ Last update _____

Name of dependent _____ Nickname _____ Social Security # _____

Date and place of birth _____

Mother's name _____ Father's name _____

Emergency contact _____
NAME ADDRESS CITY/STATE/ZIP PHONE NUMBER

MY CHILD'S FAMILY MEMBERS

List two (or three) people who play primary support roles. They may include parents, step-parents, siblings, step-siblings, aunts/uncles, cousins, or other family members.

Name _____ Address _____

Email address _____ Phone #_____

Citizenship status_____

Name _____ Address _____

Email address _____ Phone #_____

Citizenship status_____

Name _____ Address _____

Email address _____ Phone #_____

Citizenship status_____

WHERE MY CHILD HAS LIVED

In the space provided, list previous places your child has lived. Make sure to include the amount of time lived there and what type of home it was (e.g., family home, apartment).

Past address _____

Type of home and length of time there _____

Additional past address _____

Type of home and length of time there _____

ABOUT OUR FAMILY

Who we are

The family identifies as this race/ethnicity _____

The family belongs to this religion/belief _____

Here are our important traditions/holidays/pastimes

Where the loved one with special needs lives _____

The child lives (check box)

- ☐ with family members
- ☐ in a home he or she owns
- ☐ in a home he or she rents
- ☐ in someone else's home (often called "shared living")
- ☐ in housing owned by a service provided (like a group home)
- ☐ somewhere else (describe): _____

Complete below only if the individual rents a home:

Landlord or rental company name _____ Phone # _____

On-site property manager _____ Phone # _____

Who should be contacted for spare keys? _____ Phone # _____

Rental agreement: How long is the rental period? _____

Complete below only if the individual lives in shared living or in a home owned by a service provider:

Agency/contact name _____ Address _____

Who should be contacted for need spare keys? _____ Phone # _____

Complete only if they live with family members:

Family contact _____ Phone # _____

Who to contact for spare keys _____ Phone # _____

MEDICAL INFORMATION AND BACKGROUND

Diagnosis and medical history

Physicians' names, specialties, phone numbers

Primary Physician Name _____ Phone # _____

Name _____ Specialty _____ Phone # _____

Name _____ Specialty _____ Phone # _____

Name _____ Specialty _____ Phone # _____

Name _____ Specialty _____ Phone # _____

Name _____ Specialty _____ Phone # _____

Name _____ Specialty _____ Phone # _____

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Name _____ Specialty _____ Phone # _____

Name _____ Specialty _____ Phone # _____

Medications currently being taken and storage location

Name/Storage Location/Pharmacy	Dosage/When & How to Administer	Purpose/Prescriber

Assistive technology and devices

Assistive/Mobility Device	Date and Place of Purchase	Maintenance Information

Behavioral triggers, challenges and interventions

Current therapies (PT, OT, speech, etc.)

Potential emergency situations and instructions

Other relevant personal history

MEDICAL INSURANCE

Provider	Policy No.	Group No.	Plan Participant Name	Type/Level of Coverage

DAILY LIVING

Daily activities

Day	What the individual likes to do
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

Describe any help needed below. Make sure to include time(s) of day and amount of time needed for help.

Dressing

Can do alone _____

Can use some help to _____

Grooming and other personal care

Can do alone _____

Can use some help to _____

Eating and nutrition

Can do alone _____

Can use some help to _____

Money management and budgeting

Can do alone _____

Can use some help to _____

Transportation

Can do alone _____

Can use some help to _____

Assistive devices/technology

Can do alone _____

Can use some help to _____

Working/volunteering

Place of employment/volunteering _____

Address _____

Hours per week _____

Supervisor/contact name _____ Phone # _____

How long dependent has known supervisor _____

Receiving Vocational Rehabilitation (DVR) services? _____

Contact name _____ Phone # _____

Other employment services? _____

Contact name _____ Phone # _____

Does dependent have a job coach? _____ Job coach name _____ Phone # _____

Skills and Abilities

Level of Assistance	No Assistance	Some Assistance – Describe	Dependent – Describe
Bathing			
Dressing			
Toileting			
Sleep routines			
Travel/transportation			
Cooking			
Housekeeping/chores			
Bill paying/money management			

Other limitations/comments

Nutritional Profile

Food allergies/restrictions

Favorite foods

Size of food portions

Eating or swallowing problems

Outcome if restricted foods are consumed

Sleep Habits

Bed time _____ Wake time _____ Favorite routines for going to sleep and/or waking up

Activities

Education

Work

Exercise

Habits

Hobbies

Other interests

Social/recreational/religious activities

Favorite things (places to visit, activities, people, pets)

Dislikes

Current daily schedule – please attach

VALUES AND GOALS

Your hopes and dreams for your child or dependent

Are there any specific traditions, beliefs, or core values you would like to have carried on or reinforced?

Where and how would you like your child or dependent to live in the future? If your child or dependent could no longer live with you, would he or she be better off living in a group environment or independently?

Is there a transitional/vocational plan for when your dependent graduates from high school? Does he or she plan to attend college?

What professional career, if any, would he or she like to pursue?

MAJOR LIFE DECISIONS

The child or dependent (check box)

- ☐ is responsible for making his or her own legal decisions
- ☐ has someone to help with decisions
- ☐ has a guardian or conservator to make decisions for him or her
- ☐ is under age 18

Contact information

Guardian name _____ Phone # _____

Back-up guardian _____ Phone # _____

General power of attorney? ☐ Yes ☐ No

Power of attorney_____

Back-up name _____

Is there any other legal arrangement to know about?_____

Contact person _____ Phone # _____

Where can these documents be found_____

Who is responsible for making decisions about health care? (Check box)

- ☐ The child/dependent (with or without help)
- ☐ Health care agent/Power of attorney
  Name of contact_____Phone # _____
- ☐ Guardian

My medical wishes (check box)

- ☐ Plan of care
- ☐ Living will
- ☐ Advanced directive
- ☐ Do not resuscitate order
- ☐ Other (describe) _____
- ☐ Where can these documents be found? _____

Who is responsible for managing the dependent's finances?

- ☐ The dependent is
- ☐ The dependent is, but may need advice from others
- ☐ The dependent is but needs help to manage them
- ☐ The dependent needs someone to handle their finances

Financial account name _____

Type of account

☐ Bank account ☐ Investment account ☐ 529 plan ☐ 529A plan ☐ Life insurance ☐ Annuity

Person helping with finances_____Phone # _____

Government benefits receiving

- ☐ Supplementary Security Insurance
- ☐ Medicaid
- ☐ Social Security Disabled Adult Child
- ☐ Medicare
- ☐ Social Security Disability Insurance
- ☐ Cash/food benefits
- ☐ State disability benefits
- ☐ Employment benefits
- ☐ Other (describe) _____

Current services being used

- ☐ Medicaid Waiver Services
- ☐ School-Provided Services
- ☐ Private Services
- ☐ Other services (describe)_____
- ☐ Contact person _____Phone # _____

Is the child/dependent on a waiting list for services? ☐ Yes ☐ No

Application status_____

My finances

The child/dependent has a trust ☐ Yes ☐ No

What type of trust is it?

☐ First-party trust funded with own money

☐ Third-party trust funded with someone else's money

☐ Pooled trust account

☐ Other (describe) _____

Is the trust funded? ☐ Yes ☐ No

Is there a specific fund or life insurance policy earmarked to make sure trust is funded? Please list the major accounts or policies that will be left to the trust.

Type of account or policy	Company	Estimated amount	Name of financial advisor and contact information

Who is trustee? _____Phone #_____

Do you have representative payee? ☐ Yes ☐ No

Name of contact _____Phone #_____

IMPORTANT NAMES AND CONTACT INFORMATION

	Name	Address	Phone Number
Legal guardian*			
Executor of will			
Trustee			
Co-trustee			
Advocate			
Financial professional			
Vocational expert			
Attorney			
Government benefits contact			
Caseworker			
School or work contact			
Current care providers			
Therapist Type:			
Therapist Type:			
Therapist Type:			
Aides			
Other helpers			
Social service organizations			
Grandparents			
Close friends			
Siblings			

*If the dependent is a child and will not be considered legally competent as an adult, the parent or caretaker must apply for guardianship once the child reaches age 18 in order to remain the legal guardian.

NEXT STEPS

Now that you've clarified your intentions for your child, it's important to share the information with others. Your financial planner, estate planning attorney, therapists, teachers, and family members should all be familiar with your wishes. Also, print this document, put it in a safe place, and make sure your loved ones know where to find it.