

Letter of Intent Template

Remember, these questions should serve as guidelines only. Feel free to adapt this outline to reflect your own priorities and family circumstances.

LETTER OF INTENT FOR

Date revised:

General information

Full name of child:

Are there any other names you or your child have used throughout his or her lifetime under which your child's information may be listed or records might be kept?

Current address and phone number:

Child's former addresses and phone numbers:

Date of birth:

Family Information

Two people who know the most information about your child

1. Name, address and phone number
2. Name, address and phone number

Siblings (addresses and contact information):

Stepparents (current or previous):

Former Spouses of Parents:

Citizenship Status (if other than US born citizen):

Other Relevant Family Information

Professional Contacts

Attorney:

Name, address and phone number

Clergy or spiritual advisor:

Name, address and phone number

Trustee:

Name, address and phone number

Representative Payee:

Name, address and phone number

Financial Planner:

Name, address and phone number

Insurance Agent:

Name, address and phone number

Primary Care Physician:

Name, address and phone number

Therapist or Mental Health Professional:

Name, address and phone number

Other Specialists, Therapists and Doctors (list all, including the reason your child sees each, or list the name of a coordinating doctor who would have this information):

Name, address and phone number

Pharmacy:

Name, address and phone number

Current Life

Generally describe your child's current life and activities.

Describe any special supports, services or assistance your child currently receives. (For example, does your child need special help with taking care of personal needs, school, work, transportation, community involvement or other things.)

If this assistance is provided by someone other than you, who provides them and how are they paid for?

Are there any special concerns you want to make sure are addressed?

Places in the community where people know your child and/or your child likes to go – list a contact person if appropriate:

Who in your community might be interested in spending time with your child, i.e. going to community events or activities and how can they be reached?

Activities your child particularly likes or dislikes:

Are there special events that are particularly important (vacations, etc.):

Who are your child's closest friends and how can they be reached (contact info)?

How does your child react during stressful times? Are there certain things that someone should know about helping your child through particularly stressful times or transitions in your child's life? Is there a particular person who can provide comfort in an emergency (certain relative, friend, clergy)?

Do you receive public supports (like DDA services) or public benefits (like SSI or Medicaid)? If so, which benefits?

Are you currently on a waiting list for any service? Include the name of the service, contact person, phone number, date and status of application.

The Future

Describe your idea of what life would look like for your child in the future. (Either give general description or consider the following specific questions.)

What things are most important to you?

Where would he/she live?

What would he/she do during the day?

What type of help or support would you envision?

What types of activities would he/she enjoy most?

What types of employment/volunteer work would you suggest be explored?

Identify friends/relatives who may be able to play a role in your child's life. Indicate whether you have discussed this with those individuals and/or with your child. Include contact information.

Identify any people, including relatives, who you would NOT want to play a role in your child's life.

Provide the name of the person (and alternates if possible) who you prefer to be a primary advocate and a friend for your child.

If your child is expected to receive day, residential or other supports from an agency, are there any particular providers or other non-health care professionals who you would like to be considered? Include contact information and dates of applications.

What are the three most important things you would want someone to consider when planning for your child's future?

What are three of the most important things you want your child to know about your planning or about your vision of her future?

Legal and Financial

Where is your will located?

Do you have a Special Needs Trust? Who is the trustee, alternative trustee, and where can the document be found?

If you envision your child living in the family home, what arrangements have been made regarding that home (ownership, title etc)? What financial arrangements have you made to provide funds for maintenance and other upkeep on the home, while considering the effect on your child's eligibility for public benefits?

If your child is under 18 years old, please list your first and second choice to serve as a legal guardian.

If your child is an adult, who currently consents to medical care?

If your child consents to medical care, does he/she need some assistance with decisions? If so, who would you suggest to provide this assistance? If you currently provide consent to medical care (either formally or informally) who would you suggest assume this role?

Have you made any funeral arrangements for your child? Do you have any special wishes? Please describe.

If your child is under 18 years old, who would be your choice to help manage your child's money or public benefits? Who would be your second choice?

If your child is over 18 years old, how does she/he handle her/his finances at this time? What assistance does he receive? Who would be your first choice to provide this assistance? Who would be your second choice?

List all bank accounts and other financial resources titled in your child's name, or held on your child's behalf. For each account, please list:

Name and address of financial institution, type of account, owners listed on the account, approximate amount in the account:

List any life insurance policies that name your child as either the beneficiary or insured. Provide the name of the company, status of your child (owner, beneficiary, or insured) contact information, and value of policy.

Does your child receive Social Security, Supplemental Security Income (SSI) or other cash benefits? If so, list type and amount.

Is there a representative payee? If you are representative payee, do you have a preference as to the person who would be designated if you were unable to serve?

If your child has been employed, where has she/he worked?

What type of medical insurance does your child have? List all types, companies and policy numbers, including private insurance, Medicaid and Medicare.

Records:

List any schools your child attended:

Location of birth certificate, social security card, other important legal documents:

Location of any current or previous evaluations that clarify your child's disability and needs:

Any Other Thoughts: