LETTER OF INTENT

**NAME:**

*This Letter of Intent is designed to describe what this person’s life should look like once their parents (or other current caregivers) are unable to care for them. It also provides necessary information to assist in this transition.*

Letter of Intent

*In addition to the information in this document, you may want to add photographs and videos of this person and other important people in their life.*

Date completed:

# Introduction

Full name of family member:

Name your family member is usually called:

Current email, address, and phone number:

Date of birth:

# Family, Friends, and Significant Others Information

Full name of parents/caregivers:

Parents’/Caregivers’ emails, addresses, and telephone numbers:

Other people who know the most information about your family member:

1. Name, email, address, and phone number:
2. Name, email, address, and phone number:
3. Name, email, address, and phone number:
4. Name, email, address, and phone number:
5. Name, email, address, and phone number:

Siblings (names and contact information):

Other important family members (names and contact information):

Friends (names and contact information):

Other close contacts (names and contact information):

Other important people who know your family member (names and contact information):

Other relevant family members (for example, former spouses, stepparents) (names, relation, and contact information):

Other important family and friends and helpers (names and contact information):

# Home

Current living situation:

Respite Providers (name and contact information):

What do you see as happening for your family member in terms of their housing/where they will live?

* If you envision your family member continuing living in the family home, what arrangements have been made regarding that home (ownership, title, etc.)?

* Where can those documents be found?

What financial arrangements have you made to provide funds for maintenance and other upkeep on the home, while considering the effect on your family member’s eligibility for public benefits?

Other important home and housing information:

# Spiritual

Clergy or spiritual advisor (name and contact information):

Other important spiritual information:

# Work

Employer (name and contact information, if applicable):

If your family member has been employed, where have they worked?

If your family member has volunteered, where have they volunteered?

Other important work and employment information:

# School

Current School (name and contact information, if applicable):

Other important school information:

# Leisure

*Think about this area when planning for the future and answering the questions in the* Future *section of this* Letter of Intent*.*

Important leisure information:

# Current Lifestyle

Typical daily routine on weekdays:

* Morning:
* Afternoon:
* Evening:
* Night:

Typical daily routine on weekends:

* Morning:
* Afternoon:
* Evening:
* Night:

Care needs (i.e. personal care, medical care, hygiene assistance, sensory needs, behavioral supports needed):

Activities/Interests/Hobbies:

Activities your family member particularly likes:

Activities your family member particularly dislikes:

Health issues that impact activities:

Allergies (food, medicines, etc.):

Sensitivity issues (for example, loud noises):

Support techniques that have been effective:

Support techniques that have not been helpful:

Holidays celebrated and traditions:

Birthday traditions:

Special events (vacations, etc.):

Favorite places to visit in their neighborhood and community:

Physical activities enjoys:

Physical activities dislikes:

Membership in clubs and organizations:

Favorite foods:

Foods your family member particularly dislikes:

How does your family member react during stressful times? Are there certain things that someone should know about helping your family member through particularly stressful times or transitions in your family member’s life?

Is there a particular person who can provide comfort in an emergency (clergy, friend)?

Who in your community might be interested in spending time with your family member, i.e. going to community events or activities? Include contact information.

Have you applied for special supports and programs including public benefits?

Special supports and services: who provides them, how are they paid?

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 family member in the future.

What things are most important to you?

Where would your family member live?

What would your family member do during the day?

What type of help or support would you envision?

What types of activities would your family member enjoy most?

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

What types of current or future technology do you see as helping your family member (for example, driverless car, smart house)?

Identify friends/relatives who may be able to play a role in your family member’s life (make sure you also discuss this with those individuals and your family member). Please include contact information.

Identify any people, including relatives, whom you would NOT want to play a role in your family member’s life.

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

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

What are three of the most important things you want your family member to know about your planning?

What do you think your family member would say is important to them for their future?

What worries you about the future?

When you pass away, what are the first five steps to do? (One will be to have someone call and notify The Arc of Frederick County.)



# Health and Medical Information

Place of birth (city, state, hospital name):

Where is the person’s birth certificate located?

Height:       Weight:       Gender:

Allergies (food, medicine, others):

Sensitivities (not an actual allergy, but impacts your family member):

Blood type:

Medicines your family member takes (include vitamins and over-the-counter medications):

Immunizations and dates given:

List of disabilities and medical conditions:

Age of onset of disability:

Vision:       Hearing:       Speech:

Other important health information:

Family history of health issues (parents, siblings, grandparents):

What, if any, health issues that impact your family member’s activities?

What, if any, other issues (for example, sensitivity to loud noises) impact your family member’s activities?

Primary Care Physician (name and contact information):

Therapists and other Doctors (List names and contact information for all, including the purposes for each):

Pharmacy (name and contact information):

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

MA#:

Other health insurance information:

For your family member, who currently consents to medical care?

If your family member consents to medical care, do they need some assistance with decisions?

If so, whom would you suggest to provide this assistance?

If you currently provide consent to medical care (either formally or informally), whom would you suggest to assume this role?

Other important health information:

# Financial/Money/Legal

Social security number:

Family Social Security Numbers (needed to access Social Security benefits):

* Mother:
* Father:

Attorney (name and contact information):

Trustee (name and contact information):

Representative Payee (name and contact information):

Power of Attorney (name and contact information):

Financial Planner (name and contact information):

Insurance Agent (name and contact information):

Where is your will located?

Is there an ABLE account?

* Where can the document be found? Include contact information.

Is there a Supplemental Special Needs trust?

* Who is the trustee?
* Where can the document be found? Include contact information.

If you have a trust how do you prefer the money in your family member’s trust to be spent? For example, to supplement government benefits by paying for recreation, dental care, special equipment, annual vacations. What should the trust funds NOT pay for?

How does your family member handle her/his finances at this time?

* What assistance does your family member 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 in your family member’s name, or held on your family member’s behalf:

* Names and addresses of financial institutions:

* Type of accounts:

* All owners on the account:

* Approximate amount in account:

List any life insurance policies that name your family member (or any trusts established for your family member) as either the beneficiary or insured. Provide the name of the company, status of your family member (owner, beneficiary, other) and contact information, and amount of insurance.

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

If you are representative payee, do you have a preference as to the person who would be designated if you were unable to serve? Provide contact information.

What if your family member disagrees with what the trustee or representative wants to do? How should this be handled?

Other important financial information:

# Final Arrangements Information

Have you made any funeral arrangements for your family member?

Do you have any special wishes for the final services? Please describe.

# Supplemental Information

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

Family member’s former email addresses, addresses and phone numbers (needed only if, for example, you have moved in the last five years or lived in another state or country):

List any schools your family member attended:

Location of social security card, and other important documents, etc.:

Attach any relevant evaluations that clarify your family member’s disability and needs:

# Other Thoughts

Other information, such as clothing size and preference, non-verbal communications, or family information that you feel would be helpful:

*Please remember to share this information and facts about benefits, asset limitations, and other legal/financial matters as needed with those who will provide support for your family member.*

# Critical Information/Highlights

This is a place to highlight any information you consider critical or to provide a quick summary or snapshot.