

# Letter of intent template

You can use this sample Letter of Intent to direct future caregivers and trustees about the care of your special needs child in the event you die. Although not legally binding, it can provide detailed instructions and an easier transition for your loved one.

## Beneficiary profile

Name of family member \_\_\_\_\_ Nickname \_\_\_\_\_

Blood type \_\_\_\_\_ Social Security number \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Birthday \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Place of birth \_\_\_\_\_

Current living arrangement \_\_\_\_\_

## Emergency contacts

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

## Current health care provider information

Physician \_\_\_\_\_ Location \_\_\_\_\_ Phone \_\_\_\_\_

Pharmacy \_\_\_\_\_ Location \_\_\_\_\_ Phone \_\_\_\_\_

Medications \_\_\_\_\_

Assistive/medical devices \_\_\_\_\_

Primary disability \_\_\_\_\_

Degree of disability \_\_\_\_\_

Additional disabilities \_\_\_\_\_

**Skill level**

(Bathing, dressing, toileting, sleep routines, travel, cooking, communication, bill paying/money management)

Abilities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Limitations \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What resources are available to help overcome these limitations? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Personal history**

Special health care considerations (diet, special equipment) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medical history**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Previous medical testing (when, where, why) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Behavior challenges and effective interventions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Potential emergency situations and instructions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medical and dental insurance**

Provider	Policy number	Group number	Plan participant names	Type/level of coverage
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Nutritional profile**

Food allergies/restrictions \_\_\_\_\_  
\_\_\_\_\_  
Favorite foods \_\_\_\_\_  
Food dislikes \_\_\_\_\_  
Size of food portions \_\_\_\_\_  
Eating or swallowing problems \_\_\_\_\_  
Other important information \_\_\_\_\_  
\_\_\_\_\_

**Behavior profile**

Daily/nightly routine \_\_\_\_\_  
\_\_\_\_\_  
Habits \_\_\_\_\_  
Hobbies \_\_\_\_\_  
Social/recreational/religious activities \_\_\_\_\_  
\_\_\_\_\_  
Favorite things (places to visit, people, pets) \_\_\_\_\_  
\_\_\_\_\_  
Clothing preferences \_\_\_\_\_  
Dislikes \_\_\_\_\_  
Other needs/interests \_\_\_\_\_

**Your goals and most important objectives**

Your hopes and dreams for your family member \_\_\_\_\_

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Specific traditions, beliefs or core values you would like to have carried on or reinforced (such as religious preferences and family traditions) \_\_\_\_\_

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Where and how would you like your family member to live in the future?

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If your loved one could no longer live with you, would you prefer he or she live in a group environment or independently? \_\_\_\_\_

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**Education**

Current enrollment in education or training program(s) \_\_\_\_\_

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Current or previous education concerns that need monitoring \_\_\_\_\_

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Educational strategies \_\_\_\_\_

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Is there a transitional/vocational plan for when your loved one graduates from high school?  Yes  No

Does your family member plan to attend college?  Yes  No

If so, name of college or university \_\_\_\_\_

What career, if any, would your family member prefer to pursue? \_\_\_\_\_

## Important names and contact information

Name	Address	Phone / Email
Legal guardian		
Executor of will		
Trustee		
Co-trustee		
Advocate		
Accountant		
Financial advisor		
Vocational expert		
Attorney		
Government benefit contact		
Caseworker		
School or work contact		
Current care providers		
Primary physician		
Secondary physician		
Psychologist/ Psychiatrist		
Therapists		
Other medical providers		
Social service organizations		
Aides		
Other helpers		

**Family members, close friends and advocates for your child**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Are any of the people listed above involved with your child’s care? \_\_\_\_\_

\_\_\_\_\_

Can you expect them to continue involvement in future years? \_\_\_\_\_

\_\_\_\_\_

Attach current photo and individual education plan  Include video of daily activities and abilities

**Notes**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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