THE LAW OFFICE OF
RANDY HOPE STEEN, LTD.

A Guide to Writing Your Letter of Intent

No one else knows your child as well as you do, and no one ever could. You are a walking encyclopedia of your child's history, experiences, habits, and wishes. If your child has special needs, the family's history adds a helpful chapter to your child's book, one detailing his or her unique medical, behavioral and educational requirements.

Why do you need a Letter of Intent?

What would happen if you suddenly became unable to provide your child with the necessary supports he or she needs? Without you, your child would become dependent on other caregivers who simply do not possess all of your personal knowledge and insight.

A Letter of Intent will help loved ones and your child manage a difficult transition when you are no longer the primary caregiver. A Letter of Intent is an important planning tool for parents of children with special needs (including adult children). Although a Letter of Intent is an important estate planning document for a parent to prepare, it is not a formal legal document that must be created by an attorney. The goal of a Letter of Intent is to memorialize your knowledge of your child's needs so that you may guide future caregivers, guardians and trustees in providing the best possible care to your child.

Completing the Letter

Some clients find it easier to write the letter if they keep a daily journal for several weeks to record the daily, weekly and monthly activities of both your child and those people who provide support and care. The journal can then be condensed into a letter. List any other information you feel is particularly important. Be sure to sign and date the letter. The Letter of Intent (and any revised letters) should be sent to the Law Office of Randy Hope Steen, Ltd. Keep a copy for yourself and a copy with your Trust. Distribute the Letter of Intent to those who may be responsible for decisions about your child.

Keeping the Letter Up to Date

We advise clients to annually review the Letter of Intent. In this way, you can make sure the Letter of Intent is current, and all information is up to date.

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LETTER OF INTENT

Please complete the following form to communicate to future caregivers and trustees what you think they need to know to care for you or your loved one. Regardless of where the person with a disability lives – in a group home, a parent's or family member's home, or his or her own home, you or the parent (spouse or other family caregiver) should indicate what you know best based upon a lifetime of your care. You can pass on the information to succeeding caregivers. These instructions should be given to successor caregivers (and trustees) after they have agreed to serve as well as kept in the special needs trust attorney's file. Sharing the instructions is best done though a meeting to review the Letter after it is completed. This Letter of Intent is designed to give successor caregivers and trustees the realistic information they need to carry on effectively as caregivers after parents (or other family caregivers) no longer can provide the care themselves. This practical information could also alleviate concerns that caregivers and trustees might have about how they best can fulfill expected family obligations. It is advisable to revisit this Letter of Intent on an annual basis to account for changes which might have transpired.

Client Information

Name of Person with Disability

Prepared by

Signature

Date

Letter of Intent

Full Name of Child

Date Written / Revised

Address the letter to whomever you wish

General Information

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:

Social Security Number:

Diagnosis of Individual with Disability:

Mother SSN#:

Father SSN#:

Siblings SSN# (if needed):

Two people who know the most information about the child, other than parents/current caregivers:

Person #1 Name / Address / Phone:

Person #2 Name / Address / Phone:

Stepparents (current or previous)

Former Spouses:

Citizenship Status (if other than US born citizen):

Medical Information

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

Is insurance on parent's or guardian's account?

What are plans for continuing after death of parent or guardian?

Any dental or vision coverage? If so, identify the company :

Type of Coverage:

Group Number:

Identification Number:

Medication & Purpose

Doctor's Name:

Is he/she allergic to any medications, insect bites, chemicals, or any other item? If yes, please list and explain type of reaction and treatment required:

What non-prescription medications or vitamins does he/she (indicate the purposes) take?

Provide any special instructions or procedures to follow when taking him/her to a doctor or dentist:

In the event of an emergency, are there any special instructions:

Professional Contacts

Attorney Name, Address, and Phone Number:

Trustee of Special Needs Trust Name, Address, and Phone Number:

POA for Finances for Disabled Beneficiary Name, Address, and Phone Number:

Health Care POA for Disabled Beneficiary Name, Address, and Phone Number:

Guardian for Disabled Beneficiary Name, Address, and Phone Number:

Clergy Name, Address, and Phone Number:

School (If Applicable) Name, Address, and Phone Number:

Employer (If Applicable) 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:

Other Therapists and Doctors Name, Address, and Phone Number:

Pharmacy Name, Address, and Phone Number:

Mental Health Professional Name, Address, and Phone Number:

Waiver Contacts Name, Address, and Phone Number:

Resource Coordinator, Agency Name, Address, and Phone Number:

Respite Providers

Personality Traits & Preferences

Describe in general terms what living with your child is like:

Describe his/her basic characteristics and personality:

Describe his/her daily routine (for example, gets up at 7AM, drinks coffee until 7:30AM, eats breakfast at 8AM & watches television).

Morning

Noon Time

Evening

Does the individual need any assistance with personal care? If yes, please explain what assistance is needed:

Please list the person's favorite type of clothes / favorite materials:

Provide the person's shoe and clothing sizes:

Shoe: Pants: Shirt: Skirt/Dress: Coat:

Gloves: Underwear: Belt: Other:

What is his or her height and weight?

Please share comments or information about meals, food preparation, or eating habits:

Is he / she allergic to any foods? If yes, please identify:

List any additional comments:

Please list foods that the individual does not like or will not eat (i.e., broccoli or fried foods):

Is the person unable to feed self, or needs limited help at meals (for example, he/she cannot cut up his or her food or lift eating utensils)? If yes, please explain what help is needed:

Activities/Interests (i.e., sports events, shopping malls, grocery stores, or theaters):

Activities

Does he or she attend a church / synagogue? Relgious Affiliation?

What activity does your child particularly like or dislike? Think also about other likes and dislikes (food, hobbies etc.).

Favorite places to visit in the community where people are familiar:

Who are your child's friends and their parents (include contact information)?

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 (clergy, friend)?

Special supports and services currently receiving:

Who provides them, how are they paid?

Have you applied for special supports and programs including public benefits? If so, are you receiving the full amount of SSI?

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.

Are you currently undergoing an Appeal with Social Security? Include the contact person, phone number, date and status of the Appeal.

The Future

Describe your idea of what life would look like for your child in the future.

What things are most important to you?

What things are most important to your child?

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 (make sure you also discuss this with those individuals and 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 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?

Legal and Financial

Do you have a Last Will and Testament – where is it located?

Do you have a 3rd Party Special Needs Trust? Who is the Trustee, and where can the document be found? (include contact information)

Do you have a 1st Party Special Needs Trust? Who is the Trustee, and where can the document be found? (include contact information)

If you envision your child living in the family home, what arrangements have been made regarding that home (ownership, title, etc.) and 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 child's eligibility for public benefits?

If your child is under 18 years old, list your first and second choice for legal guardian with contact information.

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? Describe.

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

Who would be your second choice? Contact information.

If your child is over 18 years old, how does he/she handle his finances at this time?

What assistance does he/she receive?

Who would be your first choice to provide this assistance?

Who would be your second choice?

If there is already a representative payee (financial representative) list their contact information.

List all bank accounts and other financial resources titled in your child's name, or held on your child's behalf:

Names and Addresses of Financial Institutions:

Types of accounts and date of inception:

All owners on the account:

Approximate amount in the account:

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

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

Does your child have a representative payee for any of these benefits? If so, which benefits? List contact information for each 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? Provide contact information.

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

Records

List any schools your child attended:

Location of birth certificate, social security card, etc.:

Attach any relevant evaluations that clarify their disability and needs:

Prepared and executed on this day of ,

by

Print Name

Print Name