

# **Letter of Intent for**

Written by:

(Relationship to the person with the disability  
– mother, father or other family member)

Date:

To Whom It May Concern:

## Information About (Father's Name)

<b>GENERAL INFORMATION</b>	
Full Name:	Social Security #:
Complete Address:	
Home Phone #:	Work Phone #:
Date of Birth:	Place of Birth:
City/Town/Country Raised:	Fluent Languages:
Religion:	Race:
Blood Type:	U.S. Citizen:

<b>MARITAL STATUS</b>	
Where Marriage took place:	Date:
# of Children from marriage:	

<b>PREVIOUS or SUBSEQUENT MARRIAGES – INFO</b>	
Names of Other Wives:	Date of Birth/Date of Marriage:
Children from Previous Marriage:	Dates of Birth:

<b>FAMILY INFO</b> – <i>(Provide complete names of father's siblings and parents. For those still living, list addresses and phone numbers as well as pertinent biographical information.)</i>	
Name/Address/Phone #:	Biographical Info:

**Information About (Mother's Name)**

<b>GENERAL INFORMATION</b>	
Full Name:	Social Security #:
Complete Address:	
Home Phone #:	Work Phone #:
Date of Birth:	Place of Birth:
City/Town/Country Raised:	Fluent Languages:
Religion:	Race:
Blood Type:	U.S. Citizen:

<b>MARITAL STATUS</b>	
Where Marriage took place:	Date:
# of Children from marriage:	

<b>PREVIOUS or SUBSEQUENT MARRIAGES – INFO</b>	
Names of Other Husbands:	Date of Birth/Date of Marriage:
Children from Previous Marriage:	Date of Birth:

<b>FAMILY INFO – (Provide complete names of mother's siblings and parents. For those still living, list addresses and phone numbers as well as pertinent biographical information.)</b>	
Name/Address/Phone #:	Biographical Info:

## Information About (Child's Name)

<b>GENERAL INFORMATION</b>		
Full Name:	Likes to be called:	Social Security #:
Complete Address:		
Home Phone #:	Work Phone #:	
Weight:	Height:	
Shoe Size:	Clothing Sizes:	
Gender:	Race:	Fluent Languages:
Religion:		U.S. Citizen:

<b>BIRTH INFORMATION</b>	
Complications:	Date:
	Time:
	Birth Weight:
	Place of Birth:
	City/Town Raised:

<b>SIBLINGS:</b> <i>(Provide complete names, addresses, phone numbers of all sisters and brothers. Indicate which ones are closest to the person with a disability – both geographically and emotionally.)</i>	
Name/Address/Phone #:	Comments:

<b>MARITAL STATUS</b>	
Spouse's Name:	Date of Birth:
Name/Address/Phone # of Children from marriage:	Date of Birth:

<b>PREVIOUS or SUBSEQUENT MARRIAGES – INFO</b>	
Name/Address/Phone # of Other Spouses:	Date of Marriage:
Name/Address/Phone # of Children from marriage:	Date of Birth:

<b>OTHER RELATIONSHIPS</b> ( <i>List specific friends &amp; relatives your child knows and likes, describe relationship.</i> )	
Name/Address/Phone #:	Relationship:

<b>GUARDIANS:</b> ( <i>Indicate whether your child has been declared incompetent and whether any guardians have been appointed. List name, address, phone number of each guardian and indicate whether that person is a guardian of the person or guardian of the estate, plenary or limited.</i> )	
Name/Address/Phone #:	Guardianship Details:

<b>SUCCESSOR GUARDIANS:</b> ( <i>If chosen, list full names, addresses and phone numbers.</i> )	
Name/Address/Phone #:	Guardianship Details:

<b>ADVOCATES:</b> ( <i>List people, in order, who you foresee acting as advocates for your child after your death.</i> )	
Name/Address/Phone #/Relationship:	Comments:

<b>TRUSTEE:</b> ( <i>Indicate whether you have set up a trust for your child and list the full names, addresses, and phone numbers of all trustees.</i> )	
Name/Address/Phone #:	Comments:

<b>REPRESENTATIVE PAYEE:</b> ( <i>Indicate whether your son or daughter has or needs a representative payee to manage public entitlements, such as Supplemental Security Income or Social Security.</i> )	
Name/Address/Phone #:	Comments:

**POWER OF ATTORNEY:** *(If anyone has power of attorney list name/address/phone, and indicate whether this is a durable power of attorney.)*

Name/Address/Phone #:

Details:

**FINAL ARRANGEMENTS:** *(Describe any arrangements that have been made for your child's funeral and burial. List the full names of companies or individuals, their addresses and phone numbers. Also list all payments made and specify what is covered. If no arrangements have been made, indicate your preferences.)*

## Medical History For

<b>Diagnoses:</b> <i>(List main diagnosis for condition.)</i>
<b>Seizures:</b> <i>(Indicate seizure history, list anything that may act as a trigger for seizure.)</i>
<b>Functioning:</b> <i>(Indicate your child's intellectual functioning level – mild, moderate, severe, profound, etc.)</i>
<b>Vision:</b> <i>(Indicate status – normal, glasses, impaired, legally blind, etc.)</i>
<b>Hearing:</b> <i>(Indicate status – normal, hearing aid, impaired, deaf, etc.)</i>
<b>Speech:</b> <i>(Indicate status, if child is non-verbal, specify the techniques of communication.)</i>
<b>Mobility:</b> <i>(Indicate level of mobility – normal, impaired, wheelchair, etc.)</i>
<b>Blood:</b> <i>(List blood type and any special problems concerning blood.)</i>
<b>Insurance:</b> <i>(List type, amount, policy number for medical insurance covering son/daughter. What is included in coverage now? Indicate how this would change upon the death of either parent. Make sure you include Medicare and Medicaid, if relevant.)</i>
<b>Current Physicians:</b> <i>(List full names, types of practice, addresses, phone numbers, the average number of times your child visits them each year, the total charges from each doctor during the last year, and the amounts not covered by a third party [insurance].)</i>
<b>Previous Physicians:</b> <i>(List their full names, addresses, phone numbers, the type of practice, and the most common reasons they saw your child. Describe any important findings or treatment. Explain why you no longer choose to consult them.)</i>
<b>Dentist:</b> <i>(List the name, address, and phone number of your child's dentist, as well as the frequency of exams. Indicate what special treatments or recommendations the dentist has made. Also, list the best alternatives for dental care in case the dentist is no longer available.)</i>
<b>Nursing Needs:</b> <i>(Indicate your child's needs for nursing care, list the reasons, procedures, nursing skill required, etc. Is this care usually provided at home, at a clinic, or in a doctor's office?)</i>
<b>Mental Health:</b> <i>(If your child has visited a psychiatrist, psychologist, or mental health counselor, list the name of each professional, the frequency of visits, and the goals of the sessions. What types of therapy have been successful? What types have not worked?)</i>
<b>Therapy:</b> <i>(Physical, Speech, Occupational? List the purposes of each type, name, address, and phone number of each therapist. What assistive devices have been helpful? Has an occupational therapist evaluated your home to assist you in making it more accessible for your child?)</i>
<b>Diagnostic Testing:</b> <i>(Info about all diagnostic testing done in the past – name, address, and phone number, test, testing dates, summary of findings. How often do you recommend that diagnostic testing be done? Where?)</i>
<b>Genetic Testing:</b> <i>(List the findings of all genetic tests of your child and relatives. Also list the name, address, phone number and testing dates.)</i>
<b>Immunizations:</b> <i>(List the type and dates of all immunizations.)</i>
<b>Diseases:</b> <i>(List all childhood diseases and the date of their occurrence. List any other infectious diseases your child has had in the past. List any infectious diseases your child currently has. Has your child been diagnosed as a carrier for any disease?)</i>
<b>Allergies:</b> <i>(List all allergies and current treatments. Describe past treatments and their effectiveness.)</i>

<p><b>Other Problems:</b> <i>(Describe any special problems your child has, such as bad reactions to the sun or staph infections if he or she becomes too warm.)</i></p>
<p><b>Procedures:</b> <i>(Describe any helpful hygiene procedures such as cleaning wax out of ears periodically, trimming toenails, or cleaning teeth. Are these procedures currently done at home or by a doctor or other professional? What do you recommend for the future?)</i></p>
<p><b>Operations:</b> <i>(List all operations and the dates and places of their occurrence.)</i></p>
<p><b>Hospitalization:</b> <i>(List any other periods of hospitalization your child has had. List the people you recommend to monitor your child's voluntary or involuntary hospitalizations and to act as liaison with doctors.)</i></p>
<p><b>Birth Control:</b> <i>(If your son or daughter uses any kind of birth control pill or device, list the type, dates used and doctor prescribing it.)</i></p>
<p><b>Devices:</b> <i>(Does your son or daughter need any adaptive or prosthetic devices, such as glasses, braces, shoes, hearing aids, or artificial limbs?)</i></p>
<p><b>Medications:</b> <i>(List all prescription medications currently being taken, plus the dosage and purpose of each one. Describe your feelings about the medications. List any particular medications that have proved effective for particular problems that have occurred frequently in the past and the doctor prescribing the medicine. List medications that have not worked well in the past and the reasons. Include medications that have caused allergic reactions.)</i></p>
<p><b>OTC:</b> <i>(List any over-the-counter medications that have proved helpful, such as vitamins or dandruff shampoo. Describe the conditions helped by these medications and frequency of use.)</i></p>
<p><b>Monitoring:</b> <i>(Indicate whether your child's needs someone to monitor the taking of medications or to apply ointments, etc. If so, who currently does this? What special qualifications would this person need?)</i></p>
<p><b>Procurement:</b> <i>(Does your child need someone to procure medications?)</i></p>
<p><b>Diet:</b> <i>(If your child has a special diet of any kind, please describe it in detail and indicate the reasons for the diet. If there is no special diet, you might want to include tips about what works well for avoiding weight gain and for following the general guidelines of a balanced, healthy diet. You might also describe the foods your child likes best and where the recipes for these foods can be found.)</i></p>
<p><b>Additional Comments:</b></p>

## What Works Well For

<b>HOUSING</b>	
<b>Present:</b> <i>(Describe current living situation and indicate advantages/disadvantages.)</i>	
<b>Past:</b> <i>(Describe past living situations. What worked? What didn't?)</i>	
<b>Future:</b> <i>(Describe in detail any plans that have been made for future living situations. Describe your idea of the best living arrangement for your child at various ages or stages. Prioritize your desires. For each age or state, which of the following living arrangements would you prefer?)</i>	
Description:	Prioritize:
	A relative's home: <i>(Which relative?)</i>
	Supported living in an apartment or house with hours of supervision.
	A group home with no more than _____ residents.
	A state institution: <i>(Which one?)</i>
	A private institution: <i>(Which one?)</i>
	Adult foster care.
	Parent-owned housing with _____ hours of supervision.
	Housing owned by your child with _____ hours of supervision, etc.
<b>Size:</b> <i>(Indicate the minimum and maximum sizes of any residential options that you consider suitable.)</i>	
<b>Adaptation:</b> <i>(Does the residence need to be adapted with ramps, grab bars or other assistive devices?)</i>	
<b>Community:</b> <i>(List the types of places that would need to be conveniently reached from your child's home. Include favorite restaurants, shopping areas, recreation areas, libraries, museums, banks, etc.)</i>	

<b>DAILY LIVING SKILLS</b>	
<b>IPP:</b> <i>(Describe your child's current Individual Program Plan.)</i>	
<b>Current Activities:</b> <i>(Describe an average daily schedule. Also, describe activities usually done on "days off".)</i>	
<b>Average Morning:</b>	<b>Average Afternoon:</b>
<b>"Day Off" Morning:</b>	<b>"Day Off" Afternoon:</b>
<b>Monitoring:</b> <i>(Discuss thoroughly whether someone needs to monitor or help with the following items.)</i>	
<b>Items:</b>	<b>Describe help needed:</b>
Self-care skills like personal hygiene or dressing.	
Domestic activities like housekeeping, cooking, shopping for clothes, doing laundry, or shopping for groceries and cleaning supplies.	
Transportation for daily commuting, recreational activities, and emergencies.	
Reinforcement of social and interpersonal activities with others to develop social skills.	
Other areas.	
<b>Caregivers' Attitudes:</b> <i>(Describe how you would like caregivers to treat matters like sanitation, social skills (including table manners, appearance, and relationships with the opposite sex) What values do you want caregivers to demonstrate?)</i>	

<b>Self-esteem:</b> <i>(Describe how you best reinforce self-esteem, discussing how you praise and set realistic goals.)</i>
<b>Sleep Habits:</b> <i>(How much sleep does your son/daughter require? Does he/she have any special sleep habits or methods of waking up?)</i>
<b>Personal Finances:</b> <i>(Indicate whether your son/daughter needs assistance with personal banking, bill payments and budgeting. If so, how much help is needed?)</i>
<b>Allowance:</b> <i>(Indicate whether you recommend a personal allowance for your son/daughter. If so, how much? Also, list your recommendations about supervision of how the allowance is spent.)</i>

<b>EDUCATION</b>	
<b>Schools:</b> <i>(List the schools your child has attended at various ages and the level of education completed in each program. Include early intervention, day care and transition programs.)</i>	
<b>School</b>	<b>Age Attended/Level Completed</b>
<b>Current Programs:</b> <i>(List the specific programs, schools and teachers your son/daughter has now. Include address and phone numbers.)</i>	
<b>School:</b>	<b>Address/Phone:</b>
<b>Teacher:</b>	
<b>Specific Programs:</b>	
<b>Academics:</b> <i>(Estimate the grade level of your son/daughter's academic skills in reading, writing, math, etc. List any special abilities.)</i>	
<b>Reading:</b>	<b>Writing:</b>
<b>Math:</b>	
<b>Special Abilities:</b>	
<b>Emphasis:</b> <i>(Describe the types of educational emphasis (such as academic, vocational, or community-based) on which your son or daughter currently concentrates. What educational emphasis do you think would be best for the future?)</i>	
<b>Integration:</b> <i>(Describe the extent that your child has been in regular classes or schools during his/her education. What are your desires for the future? What kinds of undesirable conditions would alter those desires?)</i>	

<b>DAY PROGRAM OR WORK</b>
<b>Present:</b> <i>(Describe current day program and/or job.)</i>
<b>Past:</b> <i>(Describe past experiences. What worked? What didn't? Why?)</i>
<b>Future:</b> <i>(Discuss future objectives. Prioritize your desires.)</i>
<b>Assistance:</b> <i>(Indicate to what extent, if any, your son/daughter needs assistance in searching for a job, in being trained, in becoming motivated, and in receiving support or supervision on the job.)</i>

<b>LEISURE &amp; RECREATION</b>
<b>Structured Recreation:</b> <i>(Describe your son/daughter's structured recreational activities. List favorite activities and favorite people involved in each activity.)</i>

<b>Favorite Activity:</b>	<b>Favorite People Involved:</b>
<b>Unstructured Activities:</b> <i>(What are your child's favorite means of self-expression, interest, and skills (going to movies, listening to music, dancing, collecting baseball cards, painting, bowling, riding a bicycle, roller skating, etc.? List the favorite people involved in each activity.)</i>	
<b>Activity:</b>	<b>Favorite People Involved:</b>
<b>Vacations:</b> <i>(Describe your son/daughter's favorite vacations. Who organizes them? How often do they occur, and when are they usually scheduled?)</i>	
<b>Fitness:</b> <i>(If your son/daughter participates in a fitness program, please describe the type of program, as well as the details about where and when it takes place and who oversees it.)</i>	

<b>RELIGION</b>	
<b>Faith:</b> <i>(List the religion of your son/daughter, if any. Indicate any membership in a particular church or synagogue.)</i>	
<b>Faith:</b>	<b>Church/Synagogue Membership:</b>
<b>Clergy:</b> <i>(List any ministers, priests, or rabbis familiar with your son/daughter. Include the names of the churches or synagogues involved and their addresses and phone numbers. Also indicate how often your child might like to be visited by these people.)</i>	
<b>Minister/Priests/Rabbis:</b>	<b>Church/Synagogue Address &amp; Phone:</b>
<b># of Times to Visit:</b>	
<b>Participation:</b> <i>(Estimate how frequently your son/daughter would like to participate in services and other activities of the church or synagogue. Indicate how this might change over time. Also describe any major, valued events in the past.)</i>	
<b>Rights &amp; Values:</b> <i>(Please list the rights and values that should be accorded your son/daughter. Some examples are:</i>	
<ul style="list-style-type: none"> <li>• <i>To be free from harm, physical restraint, isolation, abuse, and excessive medication.</i></li> <li>• <i>To refuse behavior modification techniques which cause pain.</i></li> <li>• <i>To have age-appropriate clothing and appearance.</i></li> <li>• <i>To have staff, if any, demonstrate respect and caring, and to refrain from using demeaning language.</i></li> </ul>	

<b>OTHER CONCERNS</b>
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**Services and Benefits:** *(List any services or benefits that your child receives. These might be services for children with physical impairments, developmental disability services, clinics sponsored by support groups, early periodic screening, diagnosis and treatment, employment assistance, food stamps, housing assistance, legal assistance, library services, maternal and child health services, Medicaid, Medicare, Project Head Start, special education, Title XX service programs, transportation assistance, or vocational rehabilitation services.)*


**Gaps:** *(Indicate whether any services or benefits are needed but are not being received by your son/daughter. Indicate whether plans exist to improve the current delivery or services or to obtain needed benefits.)*


**Expenses:** *(List all expenses and indicate who is paying for expense [child, parents, guardians, trustees, third-parties such as insurance companies, etc.] )*

<b>Expense:</b>	<b>Amount:</b>	<b>Paid By:</b>
Housing		
Education		
Health Care		
Recreation		
Vocation Training		
Personal Spending		

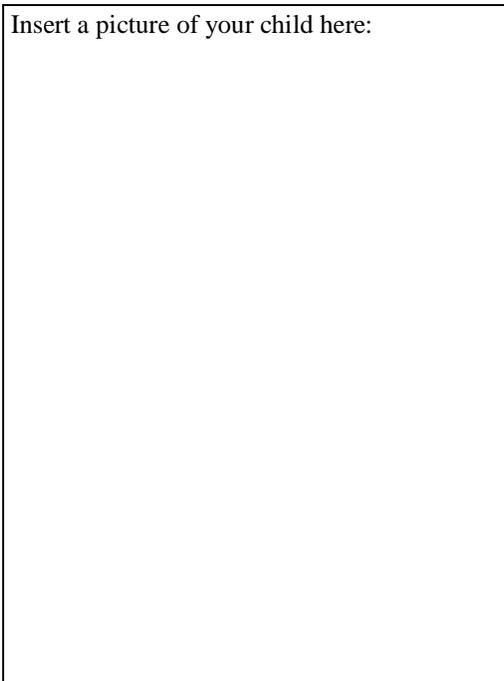
**Changes:** *(Indicate how your child's financial picture would change if one or both parents died. Be sure to list any additional cash benefits to which your child definitely would be entitled. Also, list any cash benefits for which your child might be eligible.)*


**ADDITIONAL MEDICAL INFORMATION**

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**YOUR CHILD'S PICTURE**

Insert a picture of your child here:



## Comments