

A photograph of a family of three on a beach. A woman in a white shirt and light-colored pants is on the left, looking towards the right. A man in a white shirt is on the right, looking down at a young child in a white polo shirt who is reaching out towards a seagull. The child is surrounded by many other seagulls on the sand. In the background, the ocean waves are visible under a clear blue sky. A white dove is flying in the sky above the child. The text "Letter of Intent" is overlaid in a white serif font on a semi-transparent white banner across the middle of the image.

Letter of Intent

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The Letter of Intent is a personal roadmap that enables you to gather relevant information in one place and make clear your wishes and expectations to family members and others who will assume responsibility for your loved one's care when you no longer are able to do so. It is not a legal document, but it is an important one for letting your intentions and desires be known. This is a *living* document that should be reviewed and updated annually.

This outline is intended to serve as a general guide; customize this based on the needs of your loved one and your family. As well, consider supplementing this with a video, copies of individualized education plans (IEP), a Medicaid waiver application or other documents that would help someone who will be caring for your dependent.

Date completed _____ Last update _____

Name of dependent _____ Nickname _____ Social Security # _____

Date and place of birth _____

Mother's name _____ Father's name _____

Emergency contact _____
NAME ADDRESS CITY/STATE/ZIP PHONE NUMBER

MEDICAL INFORMATION AND BACKGROUND

Diagnosis and medical history _____

Physicians' names, specialties, phone numbers

Name _____ Primary Physician Phone # _____

Name _____ Specialty _____ Phone # _____

Name _____ Specialty _____ Phone # _____

Name _____ Specialty _____ Phone # _____

Name _____ Specialty _____ Phone # _____

Name _____ Specialty _____ Phone # _____

Name _____ Specialty _____ Phone # _____

Name _____ Specialty _____ Phone # _____

Medications currently being taken and storage location

NAME/STORAGE LOCATION/PHARMACY	DOSAGE/WHEN & HOW TO ADMINISTER	PURPOSE/PRESCRIBER

ASSISTIVE/MOBILITY DEVICE	DATE AND PLACE OF PURCHASE	MAINTENANCE INFORMATION

Behavioral triggers, challenges and interventions _____

Current therapies (PT, OT, speech, etc.) _____

Potential emergency situations and instructions _____

Other relevant personal history _____

MEDICAL INSURANCE

PROVIDER	POLICY NO.	GROUP NO.	PLAN PARTICIPANT NAME	TYPE/LEVEL OF COVERAGE

DAILY LIVING

SKILLS AND ABILITIES

LEVEL OF ASSISTANCE	NO ASSISTANCE	SOME ASSISTANCE – DESCRIBE	DEPENDENT – DESCRIBE
Bathing			
Dressing			
Toileting			
Sleep Routines			
Travel			
Cooking			
Housekeeping			
Bill Paying/ Money Management			

Other Limitations/Comments _____

NUTRITIONAL PROFILE

Food allergies/restrictions _____
Favorite foods _____
Size of food portions _____
Eating or swallowing problems _____
Outcome if restricted foods are consumed _____

SLEEP HABITS

Bed time _____ Wake time _____ Favorite routines for going to sleep and/or waking up _____

ACTIVITIES

Education _____

Work _____

Exercise _____

Habits _____

Hobbies _____

Other interests _____

Social/recreational/religious activities _____

Favorite things (places to visit, activities, people, pets) _____

Dislikes _____

Current daily schedule – please attach

VALUES AND GOALS

Your hopes and dreams for your child or dependent _____

Are there any specific traditions, beliefs or core values you would like to have carried on or reinforced? _____

Where and how would you like your child or dependent to live in the future? If your child or dependent could no longer live with you, would he or she be better off living in a group environment or independently? _____

Is there a transitional/vocational plan for when your dependent graduates from high school? Does he or she plan to attend college? _____

What professional career, if any, would he or she like to pursue? _____

IMPORTANT NAMES AND CONTACT INFORMATION

	NAME	ADDRESS	PHONE NUMBER
Legal guardian*			
Executor of will			
Trustee			
Co-trustee			
Advocate			
Insurance/financial representative			
Vocational expert			
Attorney			
Government benefits contact			
Caseworker			
School or work contact			
Current care providers			
Therapist Type:			
Therapist Type:			
Therapist Type:			
Aides			
Other helpers			
Social service organizations			

**If the dependent is a child and will not be considered legally competent as an adult, the parent or caretaker must apply for guardianship once the child reaches age 18 in order to remain the legal guardian.*