

# LETTER OF INTENT

Prepared by:

---

Date:

---

Relationship to individual with special needs:

---

**To Whom It May Concern,**

**This letter, although not legally binding, is intended to give guidance to anyone involved in my/our child's future care. It expresses my/our wishes for this very special child. It is my/our hope that this letter will be a guidepost for providing the best life possible for my/our child.**

## **INFORMATION ABOUT**

---

(Your child's name)

## **GENERAL INFORMATION**

**Name:** List the full name of your child. Also the name he or she likes to be called.

**Numbers:** List the Social Insurance Number, Complete Address Town, County, Telephone Number for home and work, height weight, shoe size and clothing size.

**More Details:** List your child's gender, fluent language and religion. Indicate whether your child is a United States Citizen.

**Birth:** List your child's date and time of birth, as well as any complications. List your child's birth weight and place of birth as well as the city/town/country where he or she was raised.

**Siblings:** List the complete names, addresses and phone numbers of all brothers and sisters and close relatives.

**Marital Status:** List the marital status of your son or daughter with a disability. If married, list the spouse's name, his or her date of birth, the names of any children and their dates of birth. Also list any previous marriages, as well as the names, addresses and phone numbers of the spouses and children from each marriage.

**Other Relationships:** List the special friends and relatives that your child knows and likes. Describe the relationship.

**Guardians:** Indicate whether any guardians have been appointed. List the name, address and phone number of each guardian and indicate whether that person is a guardian of the person and/or the guardian of the property. If alternate guardians have been chosen, list their full names, addresses and phone numbers.

**Trustee:** Indicate whether you have set up a Special Needs Trust for your child and list the names, address and phone number of each trustee including alternates.

**Power of attorney:** If anyone has power of attorney for your son or daughter, list the person's full name, address and phone number. Indicate whether this is an enduring power of attorney.

**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 the payments made and specify what is covered. Indicate location of any contracts or agreements.

Otherwise, indicate your preferences (in consultation with your son or daughter if appropriate) for cremation or burial. Should there be a church service? If the preference is for burial, what is the best site? Should there be a monument? If cremation is the choice, what should be done with the remains?

## **MEDICAL HISTORY & CARE**

**Diagnoses:** List the two main diagnoses for your child's condition, such as autism, cerebral palsy, Downs Syndrome, epilepsy, impairment due to age, learning disorder, developmental delay, neurological disorder, physical disabilities, psychiatric disorder or an undetermined problem.

**Seizures:** Indicate the seizure history of your son or daughter: no seizures; no seizures in the past two years; seizures under control; seizures in the past two years, but not in the past year; or seizures currently.

**Functioning:** Indicate your child's intellectual functioning level (mild, moderate, severe, profound, undetermined, etc.)

**Vision:** Indicate the status of your child's vision: normal, normal with glasses, impaired, legally blind, without functioning vision, etc. List the date of the last eye test and what was listed on any prescription for eyeglasses.

**Hearing:** Indicate the status of your child's hearing: normal, normal with a hearing aid, impaired, deaf, etc

**Speech:** Indicate the status of your child's speech: normal; impaired, yet understandable; requires sign language; requires use of a communication device; non communicative, etc.

**Mobility:** Indicate the level of your child's mobility: normal; impaired, yet self ambulatory; requires some use of a wheelchair or other assistance; dependent on wheelchair or other assistance; without mobility, etc.

**Blood:** List your child's blood type and any special problems concerning blood.

**Regular physicians:** List your child's regular physicians, including specialists. Include their full names, types of practice, addresses, phone numbers and the frequency and time of visits.

**Previous physicians:** List their full names, types of practice, addresses, phone numbers and the most common reasons for which they were consulted. Describe any important findings or treatments.

**Dentist:** List the full name, addresses 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 current dentist is no longer available.

**Nursing Needs:** Indicate your child's need for nursing care. List the reasons, procedures, nursing skills required, etc. Is this care usually provided at home, at a clinic or in a doctor's office. If appropriate, include the full names, addresses, phone numbers of any nurses that provide care on a regular basis.

**Mental health:** If your child has visited a psychiatrist, psychologist or mental health counselor, list the name of each professional, the address and phone number as well as the frequency of the visits and the goals of the sessions.

**Therapy:** Does your child go to therapy (physical, speech or occupational)? List the purpose of each type of therapy as well as the name, address and phone number of each therapist.

**Diagnostic testing:** List information about all diagnostic testing of your child in the past; the name of the individual and/or organization administering the test address, phone number, testing dates and the summary of the findings. How often do you recommend that diagnostic testing be done? Where?

**Genetic testing:** List the findings of all genetic testing of your child and relatives. Also list the name of the individual and/or organization performing the tests, address, phone number and the testing dates.

**Immunizations:** List the type and date of all immunizations.

**Diseases:** List all the childhood diseases and the date of their occurrence. List any other infectious disease your child has had in the past. List any infectious disease your child currently has. Has your child been diagnosed as a carrier for any disease or condition?

**Allergies:** List all allergies and current treatments. Describe past treatments and their effectiveness.

**Other problems:** Describe any special problems your child has, such as bad reactions to the sun or getting staph infections if he/she gets too hot.

**Procedures:** Describe any helpful hygiene procedures such as cleaning wax out of the ears every few months or trimming toenails. Are these procedures currently done at home or by a doctor or other professional? What do you recommend for the future?

**Operations:** List all of the operations and the dates and places of their occurrence.

**Hospitalization:** 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.

**Birth Control:** If your child uses any kind of birth control pill or device, list the type, dates used and doctor prescribing it.

**Devices:** Does your child need any adaptive or prosthetic device, such as glasses braces, shoes, hearing aids or artificial limbs? List the manufacturing company(s) or supplier(s).

**Medication:** List all prescription medication currently being taken plus the dosage and purpose of each one. Describe your feelings about the medications. List any particular medications that have proven 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.

**OTC:** List any over-the-counter medications that have proved helpful, such as vitamins or cold remedies. Describe the conditions helped by these remedies and the frequency of use.

**Monitoring:** Indicate whether your child 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?

**Procurement:** Does your child need someone to procure medications for him or her? If so, who?

**Diet:** 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 tell where the recipes can be found for favorite dishes.

## INFORMATION ABOUT

---

Father's name

**General Information:** List the Father's full name, Social Insurance Number, complete address, phone numbers for work and home, date of birth, place of birth, city/town/country where raised, fluent languages, religion, blood type and number of siblings. Indicate whether he is a US Citizen.

**Marital status:** Indicate the father's current marital status. If he is currently married, list the date of that marriage, and the number of children from that marriage. Also list the dates of any previous marriages; names of previous wives; and names and birth dates of children from each marriage.

**Family:** List the complete names of the father's siblings and parents. For all those still living, list their addresses and phone numbers, as well as something about them, especially about their relationship to your disabled son or daughter.

## INFORMATION ABOUT

---

Mother's name

**General Information:** List the Mother's full name, Social Insurance Number, complete address, phone numbers for work and home, date of birth, place of birth, city/town/country where raised, fluent languages, religion, blood type and number of siblings. Indicate whether she is an American Citizen.

**Marital status:** Indicate the mother's current marital status. If she is currently married, list the date of that marriage, and the number of children from that marriage. Also list the dates of any previous marriages; names of previous husbands; and names and birth dates of children from each marriage.

**Family:** List the complete names of the mother's siblings and parents. For all those still living, list their addresses and phone numbers, as well as something about them, especially about their relationship to your disabled son or daughter.

## WHAT WORKS WELL FOR

---

Child's name

### **HOUSING**

**Present:** Describe your child's current living situation and indicate its advantages and disadvantages.

**Past:** Describe past living situations. What worked? What didn't work?

**Future:** Describe in detail any plans that have been made for your child's future living situation. Describe your idea of the best living arrangement for your child at various ages or stage, which of the following living arrangements would you prefer?

A relative's home (which relative?).

Supported independent living in an apartment or house with hours of supervision.

A group home with no more than residents.

A private group home (which one?).

Foster care for a child.

Adult foster care.

Parent-owned housing with hours of supervision.

Housing owned by your child with hours of supervision. etc.

**Size:** Indicate the minimum and maximum sizes of any residential option that you consider suitable.

**Adaptation:** Does the residence need to be adapted with ramps, grab bars or other assistive devices?

**Favorites:** List the favorite possessions that your child definitely would want to have in any living arrangement.

**Community:** 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.

## **DAILY LIVING SKILLS**

**IPP:** Describe your child's current Individual Program Plan.

**Current Activities:** Describe an average daily schedule. Also describe activities usually done on "days off".

**Monitoring:** Discuss thoroughly whether your child needs some to monitor or help with the following items.

Self-care skills like personal hygiene or dressing.

Domestic activities like housekeeping, cooking, 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.

**Caregiver's attitudes:** 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?

**Self esteem:** Describe how you would best reinforce your child's self esteem, discussing how you use praise and realistic goal setting.

**Sleep habits:** How much sleep does your child require? Does he/she have any special sleep habits or methods of waking up?

**Personal finances:** Indicate whether your child needs assistance with personal banking, bill payments and budgeting. If so, how much help is needed?

**Allowance:** Indicate whether you recommend a personal allowance for your child. If so, how much? Also, list your recommendations about supervision of how the allowance is spent.

## **EDUCATION**

**Schools:** 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.

**Current programs:** List the specific programs, schools and teachers your child has now. Include addresses and phone numbers.

**Academics:** Estimate the grade level of your child's academic skills in reading, writing, math, etc. List any special abilities.

**Emphasis:** Describe the type of educational emphasis (such as academic, vocational or community based) that your child currently concentrates on. What do you think would be the best for the future?

**Integration:** Describe the extent that your child has been in regular classes or schools during his or her education. What are your desires for the future? What kinds of undesirable conditions would alter those desires?

## **DAY PROGRAM OR WORK**

**Present:** Describe your child's current day program and/or job.

**Past:** Describe past experiences. What worked? What didn't? Why?

**Future:** Discuss future objectives.

**Assistance:** Indicate to what extent, if any, your child needs assistance in searching for a job, in being trained, in becoming motivated, and in receiving support or supervision on the job.

## **LEISURE AND RECREATION**

**Structured recreation:** Describe your child's structured recreational activities. List favorite activities and favorite people involved in each activity.

**Unstructured activities:** What are your child's favorite means of self expression, interests and skills (going to movies, listening to music, dancing, collecting baseball cards, roller skating, etc.)? List the favorite people involved in each activity.

**Vacations:** Describe your child's favorite vacations. Who organizes them? How often do they occur, and when are they usually scheduled?

**Fitness:** If your child participates in a fitness program, please describe the type of program, as well as details about where and when it takes place and who oversees it.

## **RELIGION**

**Faith:** Indicate which religion your child belongs to, if any. Indicate any particular denomination or church of which your child is a member.

**Clergy:** List any religious leaders, ministers, priests or rabbis familiar with your child. Include the names of the churches, synagogues or religious organizations involved. List their addresses and phone numbers. Also indicate how often your child might like to be visited by these people.

**Participation:** Estimate how frequently your child would like to participate in services and other activities of the church, synagogue or religious organization. Indicate how this might change over time. Also describe any big events in the past.

## **RIGHTS AND VALUES**

Please list the rights and values that should be accorded your child. Here are some examples of what you might list:

To refuse behavior modification techniques that cause pain.

To have age appropriate clothing and appearance.

## **OTHER**

Give an overview of your child's life and your feeling and vision about the future.

Describe anything else future caregivers and friends should know about your child.

## FINANCES, BENEFITS AND SERVICES FOR

---

Child's name

**Assets:** List the total assets your child has as of this date. Indicate how those assets are likely to change, if at all, in the future.

**Cash income:** List the various sources of income your child had last year. Include wages, government benefits, pension funds, trust income and other income. This might include Canada Pension Plan, Disability Benefit.

**Services and benefits:** List any other services or benefits your child receives. These might be special services for children at home; home help; employment assistance; housing assistance; legal assistance; library services; child special education; transportation assistance; and vocational rehabilitation services.

**Gaps:** Indicate whether any services or benefits are needed but not being received by your child. Indicate whether plans exist to improve the current delivery of services or to obtain needed benefits.

**Expenses:** List all expenses paid directly by your child in various categories, such as: housing, education, health care, recreation, and vocational training.

List all expenses paid directly by parents, guardians or trustees in various categories.

List estimates of all expenses paid by third parties such as; insurance companies, pay direct Health Plan or paying for residential services.

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

## **THE PAPER TRAIL**

**Will:** Describe the location of any will for your child and provide the names, addresses and phone numbers of the lawyers involved and of the executors.

**Safe-deposit box:** List any safe- deposit boxes owned by your child, the addresses of the depository, the contents and the name of any person who has the power of attorney to enter the box.

**Life Insurance:** Describe any relevant life insurance, group or individual, on your child. List the face amount, the insurance company, policy number, beneficiaries and where the policy is kept. Indicate how this might change at the death of either parent. Contingent owner, loss of group coverage.

**Burial papers:** List the location of the documents of burial for your child, (deed to plot, instructions for burial, organ donations), the cemetery's addresses and the preferred funeral home.

**Health insurance:** Describe any relevant health insurance for your child, including hospital, major medical and accident insurance. List the type of coverage, the limit of benefits the insurance company, the policy number and the location of the policy.

**Employment saving plans:** Describe any relevant employee savings plans for your child, including the employer's name, type of plan, value and date of valuation.

**Savings or Checking:** Describe any accounts owned by your child. Indicate account numbers and financial institutions where invested. List any accounts owned by parents that can be transferred to the child at death of parent.

**Income tax:** Describe the relevant income tax information about your child. Indicate locations of the following papers; the records for the current year, the latest income tax return and its supporting documents and any earlier returns and documents if available.

**Real estate:** Describe the location of real estate records if your child plans to live in your home. Include the location of purchase records, deed, receipts for capital improvements, inventory of contents and property tax receipts.

**Trust:** Describe any trusts established for your child. Include the type of trust; the names, addresses and phone numbers of all trustee's including alternates, and the recent value of the trust(s).

**Advisors:** Name all advisors, such as lawyers, tax preparers, insurance agents or financial planners. List their addresses and phone numbers.

**Other:** Describe the location of your child's guardianship papers; school records; phone number of current case workers, if any; copies of birth certificate; Family Benefit Allowance forms; information about Family Benefit Allowance and other government benefits including most recent completed application forms.

Please provide any other wishes you have for your child or information you feel is important to his/her care. Any message you would like to convey to your child upon your death. You may choose to attach a note, an audio or a video to this letter. Any message to siblings or close friends may be included here.

**As we continue this special journey with our child, we hope that this letter is an expression of our love and dedication to her/him and that by memorializing our hopes we will continue to help our child develop his/her uniqueness in the world.**

**Sincerely,**

---

Father's Signature Date

---

Mother's Signature Date