

Letter of Intent Template

Date revised:

General information

Full name of child

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:

Family Social Security Numbers:

Mother:

Father:

Siblings (if needed)

Two people who know the most information about your child

1. Name, address and phone number

2. Name, address and phone number

Misc. Information

Stepparents(current or previous)

Former Spouses

Citizenship Status (if other than US born citizen)

Professional contacts

Attorney/Trustee

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 (if applicable)
Name, address and phone number

If you are associated with The Arc of Frederick County, please list your coordinator
301-663-0909

Coordinator:

Respite Providers
Name, address and phone number

Current Lifestyle and Expected Changes

Typical daily routine

Activities/Interests

Anticipated changes in the next two years

What activities 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 (contact info)?

Special supports and services currently receiving
Who provides them, how are they paid?

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)?

Have you applied for special supports and programs including public benefits?

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.

Who in your community might be interested in spending time with your child, i.e. going to community events or activities and how can they be reached?

The Future

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

What things are most important to you?

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) Please 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 who 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 will – where is it located?

Do you have a Supplemental 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, please 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? Please 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?

If your child is over 18 years old, how does she/he handle his finances at this time? What assistance does she/he 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) please list their contact information here:

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:

- type of accounts:

- all owners on the account:

- approximate amount in 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 she/he worked?

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

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: