



LETTER OF INTENT

Date: _____

I am/we are writing this Letter of Intent in order to explain the intention of our estate and to give as much information about our child _____ who has special needs. It is our hope that this information will be used to provide the best possible care for him/her.

Signed By (Father)

Signed By (Mother)

Father's Information

Name: _____

Date of Birth: _____ Place: _____

Address: _____

SS Number: _____

City & State: _____

Home Phone: _____

Zip Code: _____

Cell Phone: _____

Citizenship: _____

Education: _____

Blood Type: _____

Religion: _____

Doctor: _____

Address: _____

Zip Code: _____

City & State: _____

Office Phone: _____

Employer: _____

Address: _____

Zip Code: _____

City & State: _____

Office Phone: _____

Specific Medical History:

Diagnoses:

Diseases:

Vision:

Hearing:

Speech:

Mobility

Blood Type:

Nursing Needs:

Intellectual Functioning:

Mental Health:

Therapy:

Diagnostic Testing: _____

Genetic Testing: _____

Immunizations: _____

Procedures: _____

Operations/Hospitalization: _____

Birth Control: _____

Devices: _____

Allergies _____

Medications (Prescription & OTC): _____

Pharmacy:

Name: _____	Address: _____
Phone: _____	Notes: _____
Name: _____	Address: _____
Phone: _____	Notes: _____
Name: _____	Address: _____
Phone: _____	Notes: _____

Name:	_____	Address:	_____
Phone:	_____	Notes:	_____
Name:	_____	Address:	_____
Phone:	_____	Notes:	_____

Diet: _____

Other: _____

Housing:

Past Living Conditions: _____

Future Living Arrangements: _____

Cautions: _____

Other: _____

Daily Life:

Current Activities: _____

Monitoring:

Self-Esteem:

Sleep Habits:

Favorite Possessions:

Religious Traditions:

Other:

Education:

Schools:

Current Programs:

Academics:

Individualized Education Program (IEP):

Inclusion:

Behavior:

Future Plans:

Testing:

School Counselors / Teachers:

Helpful Resources:

Leisure and Recreation:

Favorite Activities:

Vacations:

Fitness:

Swimming Ability:

Describe any other important information regarding your child's preferences:

Family Friends and Guardians:

Name: _____
Address: _____
City & State: _____
Zip Code: _____

Home Phone: _____
Cell Phone: _____
Notes: _____

Name: _____
Address: _____
City & State: _____
Zip Code: _____

Home Phone: _____
Cell Phone: _____
Notes: _____

Name: _____
Address: _____
City & State: _____
Zip Code: _____

Home Phone: _____
Cell Phone: _____
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Address: _____
City & State: _____
Zip Code: _____

Home Phone: _____
Cell Phone: _____
Notes: _____

Name: _____
Address: _____
City & State: _____
Zip Code: _____

Home Phone: _____
Cell Phone: _____
Notes: _____

Family Advisors:

Attorney: _____
Address: _____
City & State: _____
Zip Code: _____

Phone: _____
Fax: _____
Notes: _____

Accountant: _____
Address: _____
City & State: _____
Zip Code: _____

Phone: _____
Fax: _____
Notes: _____

Financial Advisor: _____
Address: _____
City & State: _____
Zip Code: _____

Phone: _____
Fax: _____
Notes: _____

Religious Leader: _____
Address: _____
City & State: _____
Zip Code: _____

Telephone: _____
Fax: _____
Notes: _____

Other: _____
Address: _____
City & State: _____
Zip Code: _____

Telephone: _____
Fax: _____
Notes: _____

Health Care Practitioners:

Name: _____
Address: _____
City & State: _____
Zip Code: _____

Phone: _____
Fax: _____
Notes: _____

Name: _____
Address: _____
City & State: _____
Zip Code: _____

Phone: _____
Fax: _____
Notes: _____

Name: _____
Address: _____
City & State: _____
Zip Code: _____

Phone: _____
Fax: _____
Notes: _____

Name: _____
Address: _____
City & State: _____
Zip Code: _____

Phone: _____
Fax: _____
Notes: _____

Name: _____
Address: _____
City & State: _____
Zip Code: _____

Phone: _____
Fax: _____
Notes: _____

Fiduciaries - Trustees, Power of Attorney, Health Care Agent:

Name: _____
Address: _____
City & State: _____
Zip Code: _____

Phone: _____
Fax: _____
Notes: Trustee of the Special Needs Trust, dated _____

Name: _____
Address: _____
City & State: _____
Zip Code: _____

Phone: _____
Fax: _____
Notes: Successor trustee of the Special Needs Trust, dated _____

Name: _____
Address: _____
City & State: _____
Zip Code: _____

Phone: _____
Fax: _____
Notes: Representative Payee for Social Security purposes _____

Name: _____
Address: _____
City & State: _____
Zip Code: _____

Phone: _____
Fax: _____
Notes: _____

Insurance and Medical Coverage:

Provider: _____ **Policy Number:** _____
Address: _____ **Phone:** _____
City & State: _____ **Fax:** _____
Zip Code: _____ **Premium:** _____
Coverage / CoPay / Referral Policy: _____

Provider: _____ **Policy Number:** _____
Address: _____ **Phone:** _____
City & State: _____ **Fax:** _____
Zip Code: _____ **Premium:** _____
Coverage / CoPay / Referral Policy: _____

Provider: _____ **Policy Number:** _____
Address: _____ **Phone:** _____
City & State: _____ **Fax:** _____
Zip Code: _____ **Premium:** _____
Coverage / CoPay / Referral Policy: _____

Provider: _____ **Policy Number:** _____
Address: _____ **Phone:** _____
City & State: _____ **Fax:** _____
Zip Code: _____ **Premium:** _____
Coverage / CoPay / Referral Policy: _____

Provider: _____ **Policy Number:** _____
Address: _____ **Phone:** _____
City & State: _____ **Fax:** _____
Zip Code: _____ **Premium:** _____
Coverage / CoPay / Referral Policy: _____

Assets:

Bank Name: _____
Address: _____
City & State: _____
Zip Code: _____

Account Number: _____
Amount: _____

Bank Name: _____
Address: _____
City & State: _____
Zip Code: _____

Account Number: _____
Amount: _____

Bank Name: _____
Address: _____
City & State: _____
Zip Code: _____

Account Number: _____
Amount: _____

Bank Name: _____
Address: _____
City & State: _____
Zip Code: _____

Account Number: _____
Amount: _____

Important Documents:

Document: **Mother's Will**
Address: _____
City & State: _____

Location: _____
Zip Code: _____
Phone: _____

Document: **Father's Will**
Address: _____
City & State: _____

Location: _____
Zip Code: _____
Phone: _____

Document: **Cemetery Plot**
Address: _____
City & State: _____

Location: _____
Zip Code: _____
Phone: _____

Document: Deed to House **Location:** _____

Notes: _____

Document: Life Insurance Policy **Location:** _____

Notes: _____

Document: Passport **Location:** _____

Notes: _____

Document: Stock: _____ **Location:** _____

For Information Contact: _____
Notes: _____

Document: _____ **Location:** _____

Notes: _____

Document: _____ **Location:** _____

Notes: _____

Document: _____ **Location:** _____

Notes: _____

Document: _____ **Location:** _____

Notes: _____

Document: _____ **Location:** _____

Notes: _____
