



Consolidated
Planning Group

Planning for Special Needs: Letter of Intent Workbook



Strategies & Solutions

Inform future caregivers
of your intentions for
the care of your child

Ensuring Your Child's Future

Parenting a child with special needs is a unique relationship built on unconditional love and support. It also comes with additional planning obligations.

Continued advances in medical care are creating a greater need for advance planning for families with individuals with special needs. Consider just one example: the life expectancy of a child born with Down syndrome in 1983 was 25 years. Today, it is more than 60 years.* Children born today with Down syndrome are the first generation with a good chance of outliving their parents. The need for planning is essential.

Importance of Letter of Intent

One of the most important planning documents you can create is a letter of intent. The letter of intent is not a legal document. However, it provides the crucial information future caregivers will need to properly care for, support and emotionally nurture your child. Combined with estate planning documents such as wills and trusts, and proper funding, you will have peace of mind knowing that all of your child's medical, emotional and financial needs will be satisfied.

Use this workbook as a guidepost to help you organize the important information you will need to draft a letter of intent. Once you complete the workbook, seek legal counsel from an experienced special needs planning attorney to assist you with drafting the letter. The letter should be periodically updated. It should also be shared with appropriate people, such as your child's designated guardian.

Drafting a letter of intent is not easy. It is emotional, thought provoking and involves a considerable amount of detail. However, it is one of the most loving gifts you will make.

*Source: www.ndss.org

“To the world you may be one person, but to one person you may be the world.”

– Heather Cortez, poet

General Information

Full Legal Name _____ Nickname _____

Social Security Number _____ Date of Birth (mo/day/year) ____/____/____ Gender _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____

Birth Information

Date of Birth (mo/day/yr) ____/____/____ City _____ State _____

Weight _____ Length _____

Obstetrician (name and location) _____

Delivery Hospital _____

Relevant Information About the Delivery _____

Father's Information

Full Legal Name _____

Social Security Number _____ Living? ☐ Yes ☐ No

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____

Date of Birth (mo/day/yr) ____/____/____ City _____ State _____ Blood Type _____

Marital Status _____ Name of Spouse _____

Father's Sibling Name/City/Phone _____

Father's Sibling Name/City/Phone _____

Father's Sibling Name/City/Phone _____

Mother's Information

Full Legal Name _____

Social Security Number _____ Living? ☐ Yes ☐ No

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____

Date of Birth (mo/day/yr) ____/____/____ City _____ State ____ Blood Type ____

Marital Status _____ Name of Spouse _____

Mother's Sibling Name/City/Phone _____

Mother's Sibling Name/City/Phone _____

Mother's Sibling Name/City/Phone _____

Siblings

Name _____ Age _____ Gender _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____

Name _____ Age _____ Gender _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____

Name _____ Age _____ Gender _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____

Other Relatives and Friends

Name _____ Relationship _____

Address _____

Phone _____ Email Address _____

Name _____ Relationship _____

Address _____

Phone _____ Email Address _____

Name _____ Relationship _____

Address _____

Phone _____ Email Address _____

Medical History and Care

Diagnoses _____

Intellectual Functioning Level _____

(normal, mild disab., moderate disab., severe disab., profound disab., undetermined, etc.)

Speech Functioning Level _____

(normal, mildly impeded, severely impeded, requires speech device, etc.)

Mobility Functioning Level _____

(walks unassisted, cane, crutches, scooter, wheelchair, etc.)

Visual Functioning Level _____

(normal, corrective glasses, contact lenses, requires Braille, legally blind, etc.)

Hearing Functioning Level _____

(normal, mild loss, mod. loss, hearing aid(s), use sign lang., cochlear implants, etc.)

Blood Type/Conditions _____

Immunizations/Date (e.g. Smallpox/2010) _____

Physicians

Name/Specialty _____

Address/Phone _____

Findings/Treatment _____

Name/Specialty _____

Address/Phone _____

Findings/Treatment _____

Name/Specialty _____

Address/Phone _____

Findings/Treatment _____

Name/Specialty _____

Address/Phone _____

Findings/Treatment _____

Dentist/Orthodontist _____

Therapists/Phone/Duration (e.g. Dr. Carol Choi speech/513.700.2144/5 yrs) _____

Diagnostic/Genetic Testing Results _____

Allergies/Physician _____

Surgical Procedures/Date/Location (e.g. Tonsils, 2009, Lansing Gen'l Hosp.) _____

Other Hospitalizations or Inpatient Treatment/Date/Location (e.g. asthma attack, 2007, Christ Hosp. Cincinnati) _____

Orthopedic Conditions _____

Cardiac Conditions _____

Devices to Assist with Daily Living (e.g. shower chair, hand splints, etc.) _____

Prescription Medication(s)/Reason/Dosage _____

Over The Counter Medication(s)/Reason/Dosage _____

Dietary Considerations (food allergies, no sugar, nut allergy, choking hazards, favorite foods, etc.) _____

Incontinence Supplies _____

Birth Control _____

Philosophy on New Treatments or Therapies _____

Government Benefits & Service Programs

Benefit/Program _____

Name of Provider _____ Start Date _____

Benefit Amount/Frequency _____ Still Receiving Benefits? ☐

Benefit/Program _____

Name of Provider _____ Start Date _____

Benefit Amount/Frequency _____ Still Receiving Benefits? ☐

Benefit/Program _____

Name of Provider _____ Start Date _____

Benefit Amount/Frequency _____ Still Receiving Benefits? ☐

Benefit/Program _____

Name of Provider _____ Start Date _____

Benefit Amount/Frequency _____ Still Receiving Benefits? ☐

Living Arrangements

Include any required accommodations or restrictions such as shared room, group home, neighborhood setting, etc.

Past _____

Present _____

Future (1st choice) _____

(2nd choice) _____

Personal Finances (skill level, spending habits, allowance, etc.) _____

Education

Previous Schools/Years _____

Current Schools or Programs _____

Vocational Training Programs/Years _____

Integration experiences _____

Employment

Previous Employment/Work Programs _____

Current Employment/Work Programs _____

Employment Assistance Required (e.g. restricted lifting, wheelchair access, etc.) _____

Personality and Habits

Self Esteem _____

Sleep Habits _____

Unique Personality Traits _____

Adaptability to Change _____

Interaction With Animals _____

Is Upset By _____

Shows Anger By _____

Is Afraid Of _____

Feels Better When _____

Other Unique Behaviors _____

Recreation & Fitness

Previous Programs/Activities _____

Current Programs/Activities _____

Fitness Level and Skills (e.g. can swim, dance, play basketball, etc.) _____

Vacations _____

Favorite TV/Movies _____

Favorite Music _____

Favorite Books _____

Other Favorite Activities (e.g. museum, zoo visits, pizza parlor, etc.) _____

Spirituality & Values

Religion _____ House of Worship Attended _____

Preferred Clergy _____ Type of Participation in Church Activities _____

What Values (religious or otherwise) Should be Emphasized and Reinforced? _____

Volunteering/Community Involvement _____

Legal Guardians

Current Guardian(s) _____

Address _____

Phone _____ Email Address _____

Successor Guardian(s) _____

Address _____

Phone _____ Email Address _____

Special Needs Trust

Trust Name/Date of Trust _____

Trustee Name/Address _____

Trustee Phone/Email _____

Successor Trustee/Phone/Email _____

Power of Attorney – Finances

Appointed to receive and administer Social Security and government benefits, etc.

Name _____ Address _____

Phone _____ Email Address _____

Date Power was Granted (mo/day/yr) ____/____/____ Is Power Durable? ☐

Power of Attorney – Medical

Name _____ Address _____

Phone _____ Email Address _____

Date Power Was Granted (mo/day/yr) ____/____/____ Is Power Durable? ☐

Location of Important Information

Will _____

Trust _____

Insurance Policies

Life _____

Health _____

Accident _____

Homeowners _____

Auto _____

Birth Certificate _____

Marriage Certificate _____

Adoption Papers _____

Military Discharge _____

Tax Records and Returns _____

Bank Accounts/Acct Number (e.g. U.S. Bank/23-987)

Checking _____

Savings _____

Credit Cards/Acct Number _____

Titles

Autos _____ Land _____

Safe Deposit Box _____ Safe Deposit Box Key _____

Other (e.g. power of attorney, Social Security records, etc.) _____

Contacts

Attorney _____ Address _____

City _____ State ____ ZIP _____ Current Phone (____) _____

Accountant _____ Address _____

City _____ State ____ ZIP _____ Current Phone (____) _____

Insurance Agent _____ Address _____

City _____ State ____ ZIP _____ Current Phone (____) _____

Investment Advisor _____ ☐ Check here if investment advisor is also insurance agent

Address _____

City _____ State ____ ZIP _____ Current Phone (____) _____

Bank _____ Address _____

City _____ State ____ ZIP _____ Current Phone (____) _____

Bank _____ Address _____

City _____ State ____ ZIP _____ Current Phone (____) _____

Final Arrangements

Funeral/Burial Arrangements Have Been Made ☐ Burial ☐ Cremation ☐

Funeral Home Name/Phone _____

Cemetery _____

Casket Preference _____

Headstone Preference _____

Epitaph _____

Pastor Preference _____

Pall Bearers _____

Music (specific songs/hymns and/or musicians) _____

Flowers _____

Other Requests (favorite scripture, memorial ideas) _____

Obituary (In summary, what should it say and where would should it be published?) _____

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Handwritten text below the first line, possibly a title or subject.

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Handwritten text at the bottom left, possibly a signature or page number.

Handwritten text at the bottom right, possibly a signature or page number.

Handwritten text at the top left, possibly a name or title.

Handwritten text below the first line, possibly a date or subject.

A series of horizontal lines for writing, spanning the width of the page.

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Conclusion

Concluding Remarks _____

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Completed by _____ Date _____



Consolidated
Planning Group

Allison Schaberg

- Special Needs Financial Advisor
- Advocate/Parent
- National Social Security Certificate Holder
- MDRT Court of the Table

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View recorded presentations on our YouTube www.youtube.com/consolidatedplanninggroup

OTHER THINGS THAT SHOULD BE ON YOUR SPECIAL NEEDS PLANNING RADAR:

- How to develop a comprehensive Special Needs Care Plan
- Future Care Cost Estimates
- Texas Waivers- Interest Lists
- SSI & SSDI- Understanding the differences and knowing when to apply
- ABLE Accounts
- Beneficiary Designations
- Special Needs Trusts- How to fund them
- Guardianship, POA, HCPOA or Supported Decision Making
- Post High School Education Options
- Waiting Lists for community based care facilities