

PATRICIA E. KEFALAS DUDEK & ASSOCIATES

ATTORNEYS AT LAW

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LETTER OF INTENT INFORMATION

A **Letter of Intent** is one of the most important documents that you can complete for your child’s future care-givers. This is not a stand-alone document; it should be incorporated into your estate planning process. Not only does it provide the pertinent information about your child’s needs and the individuals involved in his or her life, it also provides an opportunity for you to communicate your desires and visions of what you would like your child’s life to be like when you are no longer alive.

Section One: Personal Information

Name: _____

Address: _____

Phone: _____

Driver’s License Number: _____

Social Security Number: _____

State of Michigan ID: _____Yes _____No

Close Family Members: _____

Close Friends: _____

Section Two: Current Living Situation

Currently, _____ lives . . .

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Important information about current living situation:

Section Three: Future Living Situation

After I (we) are gone, I (we) would like _____ to live . . .

_____ would like to live with:

_____ would like to live in (City, State, general location)

_____ would like any potential staff to assist him/her with the following household tasks:

_____ can do the following household tasks for himself/herself:

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Important information when considering future living situation for _____:

Section Four: Estate/Legal Plans

Special Needs Trust

I (we) have developed a special needs trust for _____. _____ Yes _____ No

The Trustee of his/her trust is: _____

The Advisor to the trust is: _____

The Personal Agent to the trust is: _____

_____’s Attorney is: _____

Important information regarding _____’s special needs trust:

Power of Attorney/Guardianship

I (we) current have Power of Attorney for _____. _____ Yes _____ No

I (we) current have Patient Advocate for _____. _____ Yes _____ No

I (we) current have Guardianship for _____. _____ Yes _____ No

I (we) have named the following people as successor Power of Attorney (name and contract information):

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I (we) have named the following people as successor Patient Advocate (name and contract information):

I (we) have named the following people as successor Guardian (name and contract information):

I (we) have authorized _____ to receive medical information through a Stand Alone HIPAA Waiver (name and contact information):

Section Five: Financial Information

SSI _____ Current Amount: _____ Medicaid: _____

SSDI _____ Current Amount: _____ Medicare: _____

Adult Home Help: _____ Current Amount: _____

FIA Caseworker: _____
(Name and contact information)

Other Health Insurance: _____

ID number: _____

Contact Person: _____

Banking

Bank/Credit Union Name: _____

Address: _____

Contact Person/Phone: _____

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Savings Account Number: _____

Checking Account Number: _____

Special Information: _____

Retirement Plans/IRA: _____

A copy of the Summary Plan Description has been provided: _____ Yes _____ No

Paychecks

_____ works at: _____

Contact Information: _____

Amount of paychecks _____

Uses paychecks for: _____

Does own banking: _____ Yes _____ No

Needs assistance with banking: _____ Yes _____ No

Specific assistance needed: _____

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Home

Tax information

Accountant Name:

Contact Information:

Can do own taxes:

_____ Yes _____ No

Needs assistance with taxes:

_____ Yes _____ No

Section Six: Community Mental Health Assistance

Case Management Agency:

Contact Information:

Supports Coordinator:

Phone Number:

Case Number:

_____ receives the following services (i.e. supported employment, respite, sheltered employment, counseling, housing, etc).

Include agency and contact information:

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Section Seven: Medical/Emergency Information

Current Doctors (Include name, address and phone number(s))

Dentist:

Specialists:

Allergies:

Vision:

Hearing:

Seizures:

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Seizure Medications:

Therapist/Counselor/Psychologist/Psychiatrist:

Medications: (include dosage, times, side effects, and how medication is given)

Past Operations/ Conditions:

Other Important Medical Information:

I (we) would like _____ to continue with his/her current doctors _____ Yes _____ No

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Comments:

Section Eight: School Information

School Name: _____

Address: _____

Phone: _____

Teacher: _____

_____ will remain in Special Education until he/she reaches the age of 26.

_____ Yes _____ No, he/she can graduate when ready

_____ has a current IEP: _____ Yes _____ NO

Important information regarding educational planning for _____:

_____ currently has a transition plan:

_____ Yes _____ No

Important information regarding transition planning for _____:

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Section Nine: Employment

I (we) would like _____ to seek out community employment at some point in the future.

_____ Yes _____ No

Important information regarding future community employment opportunities:

Section Ten: Personal Possessions

_____ owns the following items: (i.e. home, car, collections, TV, VCR, stereo, CDs, tapes, etc)

Section Eleven: Personal Care

_____ appreciates assistance with the following personal care tasks:

_____ is able to do the following personal care tasks alone:

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_____ is used to the following personal care items (i.e. brands of shampoo, soap, toothpaste, razor, etc)

_____ is used to the following personal care routine:

Section Twelve: Food and Eating

_____ appreciates assistance with the following food preparation and clean-up:

_____ is able to do the following food preparation and clean up:

_____ likes the following foods:

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_____ dislikes the following foods:

Special information regarding food and _____:

Section Thirteen: Leisure and Recreation

_____ likes the following leisure/recreation activities:

_____ dislikes the following leisure/recreation activities:

Favorite activities/places to go:

Favorite friends to go with: (include phone number)

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Vacations:

Fitness/exercise programs or activities:

Section Fourteen: Special Interests/Abilities

Section Fifteen: Religion

Church: (include address, phone, pastor, how often he/she attends)

Funeral Arrangements:

Special information regarding religion:

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Section Sixteen: Family Culture

Our family is: _____close _____not close

Our family celebrates the following events: (i.e. birthdays, holidays, anniversaries, etc)

Our family celebrates events by . . .

Other important cultural/ethnic information:

Section Seventeen: Community Participation

_____participates in the following community functions:

Voting _____ absentee ballot _____ in person _____)

Library: _____

Clubs (i.e. Knights of Columbus, Moose Club, VFW, etc):

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Health Clubs (YWCA, YMCA, etc)

Section Eighteen: Habits/Routines

_____ is used to the following routines:

_____ has the following habits:

Section Nineteen: Disposition

_____’s disposition is generally: (i.e. happy, playful, quiet, withdrawn, assertive, passive, easily influenced, etc)

_____ might become upset/violent if . . .

This is how we calm/comfort him/her:

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Section Twenty: Communication:

_____ uses speech to communicate. _____ Yes _____ No

Special information about _____'s speech

_____ does not use speech to communicate. _____ Yes _____ No

Please see pages 18 and 19

Section Twenty One: Other information

Other information that you would like to add about _____:

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Parent's Signature

Date

Parent's Signature

Date

Date Updated

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How _____ Communicates with Me (us)

When this is happening	And _____ does	We think it means	And we should
(EXAMPLE) Tim is walking with support	Sits down	Tim doesn't want to go where you are taking him Tim is afraid of falling Tim is tired or his back hurts	Ask him to show you where he wants to go Hold him more securely under his arms Sit down with him for a rest

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How I (we) Communicates with _____

I want to let _____ know	To do this I	And then support/encourage ____ to
(EXAMPLE) It's time to get up (if not already awake)	Knock on his bedroom door and then open it.	Continue his morning routine.

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