

Representing and Acting as Trustee of a Special Needs Trust

*Patricia E. Kefalas Dudek
Hafeli Staran Hallahan Christ & Dudek, P.C.*

I. The Drafting is Only the Beginning

Representing Trustees of Special Needs Trusts is a challenging and exciting area of practice. After spending hours of labor crafting a complex legal document, it is hard to admit that the document is really only as good as the person responsible for administering the funds in compliance with your carefully crafted provisions.

Trustees may dislike attorneys and only want them when *they* think they need them. They do not want them when the *attorney* advises them that legal services are needed. However, the right combination of legal advocacy and a Trustee that performs their duties as Trustee in accordance with the intent of the Grantor(s) and the trust provisions can result in creative partnerships that greatly improve the quality of life for the beneficiary of the Trust.

A. Administering Special Needs Trusts

Administration of a Special Needs Trust includes the same issues and duties as any trust administration. A Trustee is a fiduciary and is subject to the commonly recognized fiduciary duties of diligence, loyalty, obedience and prudence. Loyalty requires that the interests of the beneficiary always come first. The Trustee is in a position of intimacy with the beneficiary. As a result, a Trustee is held to a higher standard than required in an ordinary business transaction.

All Trustees are required to: 1) maintain accurate records; 2) invest the funds as a reasonably prudent investor (a discussion, the details of which are far beyond the scope of this presentation); file all appropriate tax returns and/or accountings; 3) comply with the terms of the trust document itself.

The Trustees do not always understand the need to comply with the above requirements. One of the most important things to do in representing the Trustee is to make sure that it is clearly documented that their responsibilities were clearly explained to them. Although Special Needs Trusts are discretionary in nature, there is no discretion on the duties outlined above.

If a Trustee cannot handle their duties, even with repeated assistance from their attorney, the attorney has an obligation to assure that the Trustee understands the seriousness of their failure to perform. If necessary, this may include a Petition to Withdraw that will hopefully trigger an appropriate response by the Probate Court.

B Trustee Duties and Responsibilities Unique to Special Needs Trusts

1. Securing Public Benefits-

Usually securing public benefits and or maintaining them is an essential duty of a Trustee of a special needs trust. However, sometimes the beneficiary may be ineligible for benefits; for example, they may be working full-time (engaging in substantial gainful activity), or their medical condition may have improved. In these cases, the Trustee should keep track of what is happening to determine when and if benefits should be pursued again. In the meantime, the trust continues as a spendthrift discretionary trust, and can be administered as such without concern for the eligibility requirements for the various public benefit programs.

Securing and maintaining benefits can be tricky for Trustees. They must become familiar with rather complicated rules to assure that the beneficiary does not lose all of some of their benefits. Further, if the Trustee is also the beneficiary's Representative Payee, for benefits from the social security administration, they have additional and diverse legal obligations for those funds. It is essential that the social security benefits and the trust funds be maintained separately. Further, if the Trustee is also member, it is essential that they understand that both the social security benefits and trust funds must not be commingled with personal assets.

The special needs trust should have language in it giving the Trustee the power to hire professionals to assist them in performing their duties. Often, the Trustee will need the services of an attorney to assist in securing benefits for the beneficiary. It is essential that attorneys assisting in these matters are knowledgeable about the requirements for collecting fees at the administrative level from the social security administration.

2. Collecting Fees on Social Security Cases

Title II (SSDI) allows withholding of claimant's past due benefits for attorney fees, but not Title XVI (SSI benefits). However, one must obtain approval to charge or collect any fee for services under titles II and XVI of Act. It does not matter whether claimant or third party pays the fee, or whether funds have been withheld to pay the fee. There are two ways to get fees at the administrative level, a fee agreement approval or the fee petition process. If a fee agreement has been filed at the Agency, then judge just may approve fee agreement with final ruling.

The conditions to obtain SSA's approval to charge and collect fee are: the representative or claimant files the agreement with SSA before the date they make a favorable decision on the claim; the representative and claimant both signed fee agreement; the fee specified in the agreement does not exceed 25% of claimant's past-due benefits or \$5000, whichever is less; the decision is favorable; the claim results in past due benefits. If there are additional fees beyond \$5300, then Administrative Law Judge can approve it if there is an agreement.

The fee agreement may remain in effect throughout the administrative appeals process of a claim and during the administrative proceedings following court remand, or it may contain provision that limits its application to services through a specific level of administrative appeals process (e.g., 25%/\$5300 limit at initial hearing level, then fee petition process beyond that level).

If there is no fee agreement, then file Petition to Obtain Approval of Fee for Representing Claimant. Form SSA-1560-U4; **NOTE** fee authorizer does not need past-due benefit information to process fee petition, and fee petitions can be submitted and reviewed before past due benefit information is available. The Administrative Law Judge can approve up to \$5000 or 25% past due benefits, whichever less, then if fees are still above \$5000, then judge may recommend amount of fee to regional Chief Administrative Law Judge for additional approval. There is no time limit for filing fee petition unless direct payment of fee from past due Title II benefits.

Criteria for evaluating fee petitions and determining reasonable fees for representatives: Authorizer must consider purpose of the Social Security program (to provide a measure of economic security for program beneficiaries) and; the extent and type of services performed; the complexity of the case; the level of skill and competence required in providing the services; the amount of time spent on case; the results achieved by representative; the level of review to which the claim was taken and the level of review at which the representation began, and: the amount of the fee requested. ***Practice Tip:*** in cover letter requesting approval of fee, cite facts in case that shows the skill and ability of attorney involved in being able to obtain a favorable result.

There are excluded activities in itemization of time: preparing fee petition or other activities related to charging/collecting fee, and any services performed before state/fed court. For expenses not considered part of the fee for services; can be paid from the trust. Further, the trustee can pay the legal fees during the process as a loan made on behalf of the beneficiary and be reimbursed at the end of the matter.

3. Trust Administration with Public Benefits

The Trustee, beneficiary, representative payee, and advocates need to work together. The representative payee, and beneficiary must realize, that even though they may not be the Trustee, they must provide information about the trust to the agencies providing benefits to the beneficiary. Furthermore, they need to keep the Trustee informed when the agency requests information. Once the trust is funded, the Trustee, should provide a copy of the trust, and in the cover letter should explain why the trust is exempt. (See Attachment #1) If the trust was created by Court Order, notice should have been provided of the hearing to any agency providing *cash* benefits to the beneficiary. However, if the beneficiary is receiving services from a community mental health agency (or their contract agencies) and has not been billed for the services, you may need to give them notice as a creditor if the person has had the money in their own name.

It is important for the Trustee to be familiar with the income rules for the public benefit programs that the beneficiary is receiving. These are rather complex and confusing rules, so it may make things easier for the Trustee, beneficiary, advocates and family members of the beneficiary to have some guidance about these rules. (See Attachment #2) This document outlines examples of permissible distributions, distributions that will reduce SSI benefits, and examples of distributions that are impermissible. This list makes the rules *real* and easier to understand. ***Practice Tip:*** When meeting with clients who are unsure about using a special needs trust, providing this type of information may make the decision easier.

For both SSI and Medicaid one of the most important provisions to be familiar with is the rule that distributions to third parties on the behalf of the beneficiaries are exempt

from being counted as income. (For SSA, 2 CFR 416.113(g), SSI 00815.400; For FIA PEM, 55, page 30 of 30). It appears the both FIA and SSA have become more familiar with special needs trusts, and are requesting annual (sometimes more frequent than annual) reports about distributions to the trust. When providing this information, it is important to outline why they should not be counted as income to the beneficiary.

Practice Tip: (See Attachment #3, letter from the Social Security Administration) the doctrine of merger seems to be their favorite legal theory. Here they have found that my client, who is the parent, guardian and Trustee of his son's special needs trust is not a third party, as, "You are an 'agent' acting on ____'s behalf as a legal guardian/representative payee. So the reference your attorney cited regarding '3rd' party payments does not apply here." Note the letter continues and counts shelter during a vacation as a basic need, shelter expense. Often the legal expense of fighting these battles outweighs the penalty. This trust will terminate next month so we will not fight as hard as we would have it just been established and we were going to have to address these issues yearly.

Recently, more folks with disabilities have secured assistance with housing from HUD, via the Section 8 program. Housing assistance from a charitable or governmental agency does not count as in-kind support for SSI or Medicaid, so this is a wonderful benefit for those who can get it. Recently on the NAELA list serve there was even a track on parents purchasing homes for their adult children with disabilities, and Section 8 paying them as the owner for a part of the rent.

However, a new issue has started to show up, as to how disbursements from a Special Needs Trust impact the person's rental amount (it is determined based on income, See Attachment #4 letter from the apartment complex). I have drafted a letter to respond to this issue. (See Attachment #5) I have relatively little experience with this issue, so those of you who may have already addressed it for one of your clients, let me know!

Practice Tip: It is particularly difficult to find the HUD regulations. The best web site I found was <http://www.hudclips.org/cgi/index.cgi>

4. Trust Provisions to be Aware Of

As Trustee, or an attorney representing a Trustee, (or an Agent of a Trustee) particular attention needs to be paid to provisions of the trust that require the Trustee to do something. This is not meant to be an all inclusive list, just some items to pay attention to:

- a) **Annual Evaluation**-This is a common provision in Special Needs Trusts, that requests the Trustee or its agent to arrange for an annual evaluation of the beneficiary, addressing specific topics. This Evaluation can be rather informal, and could be accomplished by participating in a person-centered planning meeting with a community mental health agency, or via a private meeting.
- b) **Defending the Trust**- When the author started working in this field, exploding provisions were common in special needs trusts. However, what started happening is that Trustees were too eager to use this provision when the Family Independence Agency, SSA, or the Department of Community Health, or the local Community Mental Health program determined the trust to be available. Therefore, now it is

common to see a provision requiring the Trustee to defend the trust from attack from the “evil empires”. This way it clarified that prior to exploding the trust, the Trustee had exhausted all legal options to defend the trust

- c) **Letter of Intent.** As you are aware, if there is a dispute about a Trust, a Judge will look to give effect to the “intent of the Grantor/Settlor”. When this author began working in this field, many of the folks drafting these trusts said something like, “I want you to make sure that if anything happens to me, my child does not end up in an institution, or group home.” Many times these individuals with disabilities lived with their families their entire life. However, what started happening is that the public mental health system was not able to respond to the requests of the Trustee. Often the Trustee was a grieving sibling, and they did not have the ability to advocate effectively for the beneficiary. So, a method was needed to encourage them to fight the system to give effect to the intent of the Grantors. Therefore, a provision referencing a letter of intent is included in the author’s Special Needs Trusts. (See Attachments, 6,7,8). The Trustee must make its best efforts to give effect to the specifics in the letter of intent. The ARC’s will assist the families in preparing these documents.

B. Review Discussion on Unusual Distributions Requests.

Author will present in person.

October 13, 2005

Social Security Administration

Re: The Irrevocable Special Needs Trust f/b/o _____
Social Security No. _____

To Whom It May Concern:

The purpose of this letter is to notify you that _____ has established an Irrevocable Special Needs Trust in accordance with 42 USC 1396p(d)(4)(A). Because the assets are not available to him for support, nor are they in his name, establishment of this trust does not affect _____ benefits.

Enclosed for your review please find the following:

1. A copy of The Irrevocable Special Needs Trust f/b/o _____
2. Copy of Social Security Administration's letter acknowledging that this trust is an exempt asset.

If you have any questions regarding this notice please contact me at your earliest convenience

Sincerely,

Patricia Kefalas Dudek
Attorney at Law

Enclosures

December 9, 2002

Social Security Administration (local office)
or
The Family Independence Agency (local office)

Re: The Friends of CLS, Inc. Pooled Accounts Trust f/b/o John Doe

To Whom It May Concern:

The purpose of this letter is to notify you that John Doe has established a sub-account within the Friends of CLS, Inc. Pooled Accounts Trust. Friends of CLS, Inc., a non-profit organization, in accordance with 42 U.S.C. §139p(d)(4)(c), established a pooled accounts trust entitled "The Pooled Accounts Trust of Friends of CLS, Inc."

Subsequent to the Trust's inception, John Doe signed a Joinder Agreement that effectively created the sub-account of this Friends of CLS, Inc. Trust. John Doe does not have access to the funds in the trust nor decision making control over disbursements. Because the assets are not available to him for support, nor are they in his name, establishment of this pooled accounts trust does not affect John Doe's benefits.

Enclosed for your review please find the following:

1. A copy of John Doe's Joinder Agreement
2. A copy of Social Security Administration's letter acknowledging that a pooled accounts trust is exempt
3. A copy of the Medical Service Administration's (FIA) letter accepting pooled accounts trusts as exempt.

If you have any questions regarding this notice or the pooled accounts trust, please contact Patricia E. Kefalas Dudek at 248-645-9400 at your earliest convenience.

Sincerely,

Enclosures

PERMISSIBLE DISTRIBUTIONS

The trustee may utilize any of the foregoing listing for expenditures from the trust. The following list of non-support items is provided for purposes of description and shall not limit the trustee in making other distributions for other items of amenities that the trustee may believe are in the best interest of the beneficiary. Those items may include, but are not limited to:

1. Automobile/Van
2. Accounting services
3. Acupuncture / Acupressure
4. Alterations or mending to clothing – shoe repairs
5. Appliances (TV, VCR, stereo, Microwave, stove, refrigerator, washer/dryer and maintenance/repairs)
6. Bottled Water or water service
7. Bus pass/public transportation costs
8. Camera, film, recorder and tapes, development of film, photo albums, scrapbooks and supplies
9. Clothing as of March 9, 2005
10. Clubs and club dues (record clubs, book clubs, health clubs, service clubs, zoo, Advocacy Groups, museums)
11. Computer hardware, software, program, maintenance/service
 - a. Internet service
12. Conferences and travel related to same
13. Courses or classes (academic or recreational) including supplies
14. Curtains, blinds, drapes and the like
15. Dental work not covered by Medicaid, including anesthesia.
16. Down payment on home or security deposit on apartment.
17. Dry cleaning and/or laundry services and/or supplies
18. Elective surgery
19. Fitness equipment
20. Funeral expenses
21. Furniture, home furnishings and insurance
22. Gasoline and/or Maintenance for automobile
23. Haircuts / Salon services
24. Holiday Decorations, parties, dinner dances, holiday cards
25. Home alarm and/or monitoring/response system
26. Home improvements, repairs and maintenance (not covered by Medicaid), including tools to perform home improvements, repairs and maintenance by homeowner
27. Home Purchase (to the extent not covered by benefits)
28. House cleaning / maid services/lawn services/snow removal
29. Independent Care Managers/Case Managers
30. Insurance (automobile, home and/or possessions)
31. Legal Fees/Advocacy
32. Linens, towels, bedding and other household furnishings
33. Massage, facials and other similar services/treatments
34. Musical instruments (including lessons and music)
35. Non-food grocery items (laundry soap, bleach, fabric softener, deodorant, dish soap, hand and body soap, personal hygiene products, paper towels, napkins, kleenex, toilet paper, any household cleaning products)
36. Over the counter medications (including vitamins and herbs, etc.)
37. Personal Assistance Services not covered by Medicaid
38. Pet and pet's supplies, veterinary services
39. Physician specialists if not covered by Medicaid

40. Private counseling if not covered by Medicaid
41. Repair services (appliance, automobile, bicycle, household, fitness equipment)
42. Snow removal/Landscaping/Lawn Service
43. Sporting goods/equipment/uniforms/team pictures/travel to games/tournaments
44. Stationary, stamps, cards, etc.
45. Storage Units
46. Taxi cab
47. Telephone service and equipment, including cell phone, pager, etc.
48. Therapy (Physical, Occupational, Speech) not covered by Medicaid.
49. Tickets to concerts or sporting events (for beneficiary and an accompanying companion)
50. Transportation (automobile, motorcycle, bicycle, moped, gas, bus passes)
51. Utility bills (direct TV, cable TV, electric, heating)
52. Vacation (including paying for personal assistance to accompany the beneficiary)

Examples of Trust Distributions which will Reduce SSI Benefit

1. Basic shelter related expenses
2. Food
3. Cash for any purpose

Examples of Impermissible Trust Distributions

1. Paying for a service already paid for by another source
2. Distribution not in the best interest of the beneficiary (made primarily for the benefit of another person)



SOCIAL SECURITY

MEMORANDUM

Date: November 27, 2001

Refer To:
SI-2-1-3

S2D5G6

To: District Manager
Sterling Heights, MI

From: Assistant Regional Commissioner
Management and Operations Support

Subject: SSI-Michigan--Review of the Pooled Trust, (Your Faxed Request
Dated May 11, 2001)--REPLY

We have reviewed the above named trust, and have determined that as written, the Pooled Accounts Trust of Springfield Housing Corporation, a Nonprofit Corporation, also known as The Pooled Accounts Trust of Springfield, Inc., would not be considered a resource under the SSI regulations in place prior to January 1, 2000 or as amended beginning January 1, 2000. While a specific claimant's trusts was submitted for review, this determination may be applied to all Pooled Accounts Trust of Springfield, Inc.

Background

Within the Pooled Accounts Trust of Springfield, Inc., individual trust sub-accounts are maintained for each disabled beneficiary who chooses to adopt the trust. However, the funds from each of these sub-accounts will be pooled for investment and management.

An individual establishes a sub-account and becomes a "Primary Beneficiary" by entering into a "Joinder Agreement," whereby the individual enrolls in and adopts the Pooled Trust Agreement. A disabled individual can use their own funds to establish a sub-account for themselves. Other individuals could also place funds or assets into trust for the disabled beneficiary.

The purpose of the trust is to provide for each beneficiary's supplemental care, and not to provide for a beneficiary's basic support and maintenance. The trustee has sole discretion to make payments or distributions to or for the benefit of a beneficiary. The trust documents state that the pooled trust and each sub-account are irrevocable, and a spendthrift provision provides that, to the extent permitted by law, a beneficiary cannot assign or transfer their interest in the trust. The trustee may terminate the trust if it becomes impossible or impracticable to carry out the trust's purposes.

The sub-account will terminate upon the death of the Primary Beneficiary. Any assets remaining in the sub-account after payment of certain expenses shall remain part of the Master Trust to be used for the benefit of the primary beneficiaries of other sub-accounts that are established under the Pooled Trust Agreement. To the extent that any funds remain in the sub-account, they would be available to repay the State for any assistance that had been provided to the Primary Beneficiary.

The Pooled Trust Agreement provides that the grantors or other contributors to the trust cannot revoke any trust established by virtue of the Joinder Agreement. The grantors also do not have the right or power to amend, reform, or revoke the Pooled Trust or any sub-accounts.

Status

Until January 1, 2000, the Social Security Act did not separately describe the resource Treatment, for SSI purposes, of property held in trust. Property is a resource if the individual owns and can convert it to cash to be used for their support and maintenance. Property that could not be liquidated was not a resource. SSA reviewed state property law to decide whether an individual owns the property and whether they had the right, authority, or power to liquidate the property.

Effective January 1, 2000, the Social Security Act as amended directs how to count property held in trust as a resource for SSI purposes. According to the Act as amended, most assets held in trust for individuals are generally going to be countable resources, even if state property law might otherwise exclude them, if any portion of the trust property could be used for the benefit of the eligible individual or his or her spouse. (P.L. 106-169 § 205, 113 Stat. 1822, 1833 (to be codified at 42 U.S.C. § 1382b(e)). The amended Act, however, further provides that property held in trust does not count as a resource if it is excluded from being a countable resource for Medicaid purposes. The amended Act provides that a revocable trust shall be a resource to the individual and an irrevocable trust will be a resource to the extent that a portion of the trust could be used for the benefit of the individual. However, this subsection shall not apply to a trust that is excluded from being counted as resources for the Medicaid program. Thus, trusts satisfying the requirements of section 1917(d) (4) (42 U.S.C. § 1396p(d) (4) are excluded as resources to the individual for SSI purposes. These amendments apply to trusts established on or after January 1, 2000. This pooled trust is excluded from being a countable resource for the Medicaid program under 1396p(d) (4) (C); therefore, it is excluded from being counted as a resource for SSI purposes.

Section 1917(d) (4) (C) of the Act, 42 U.S.C. § 1396p(d) (4) (C), excludes certain pooled trusts from being counted as resources to a Medicaid recipient. In order to be excluded, the trust must contain assets belonging to a disabled individual and must satisfy certain conditions. It must be established and managed by a nonprofit organization. A separate account must be maintained for each beneficiary of the trust, but for purposes of investment and management of funds, the trust may pool these accounts. Accounts in the

trust must be established solely for the benefit of the disabled individual by the individual or a parent, grandparent, legal guardian, or court. Finally, the trust must provide that amounts remaining in the beneficiary's account at death, if not retained by the trust, will be used to reimburse the State for expenditures made during the beneficiary's lifetime

The Pooled Accounts Trust of Springfield, Inc. satisfies the foregoing criteria. The trust is established and managed by a nonprofit organization. The trust provides for separate sub-accounts for each disabled beneficiary of the trust, but for purposes of investment and management of funds, the trust pools these accounts. The trust provides that sub-accounts will be established by the Primary Beneficiary or a parent, grandparent, legal guardian or court. The trust is established solely for the benefit of the disabled individual. Finally, the trust provides that amounts remaining in the beneficiary's account at death, if not retained by the trust, will be used to reimburse the State for expenditures made during the beneficiary's lifetime

Accordingly, under the new amendments to 42 U.S.C. § 1382b, funds in the Pooled Accounts Trust of Springfield, Inc. will not count as a resource to the disabled beneficiaries who adopt the trust agreement.

Summary

We have determined that the Pooled Accounts Trust of Springfield, Inc. should not be considered a resource to the individual beneficiaries. The trust satisfies the conditions of 42 U.S.C. § 1396p(d) (4) (C) and recent amendments to Title XVI indicates that such trusts are exempt from being counted as resources for SSI purposes.

When a trust is not a resource, income received from the trust may be unearned income to the SSI recipient, depending on the nature of the disbursements. Therefore, any disbursements made directly to a claimant/recipient would be countable as cash income, while disbursements that provide in-kind support and maintenance (ISM) would be countable subject to the presumed maximum value of ISM. In-kind income includes food, clothing, and shelter. Other disbursements, such as payments for medical care, are not ISM, and would not be income.

Questions/concerns regarding this response may be directed to John H. Williams, Program Expert, CRSI/SSI, at (312) 575-4015.


Donna Y. Mukogawa

cc: Area Director, Area III

November 2, 2000

Bernick, Omer, Radner, P.C.
Attn. Douglas G. Chalgain, Atty.
2400 Lake Lansing Rd, Suite F
Lansing, MI 48912-3674

RECEIVED
NOV 03 2000

BERNICK, OMER & RADNER, P.C.

**Benson
Hills**
Apartments & Townhomes

Re: [REDACTED]

Dear Mr Chalgain:

The pooled trust account as you stated for [REDACTED] is irrevocable. Per HUD it is to be counted as income when any or all is distributed as income. Meaning as it stands it does not count as income or an asset. At the time any or part is distributed to or for [REDACTED] it would then need to be claimed. This includes money released for any medical needs, supplies, bills, etc.

[REDACTED]'s subsidy file has been updated and corrected to reflect this clarification. I have enclosed the Regulatory reference.

Sincerely, [Signature]

Wendy Cantwell
Office Manager
Benson Hills

cc: unit file #122
[REDACTED]

To Whom It May Concern:

It has come to my attention as (Trustee, Agent, attorney for the trust) that (beneficiary) is receiving HUD Section 8 Housing Assistance. As a result, questions have been raised as to what impact the Special Needs Trust has on (beneficiary's) eligibility for this benefit.

Enclosed please find a copy of the ____ Special Needs Trust. (beneficiary) is the beneficiary of this trust, is not (his/her) money. This trust is Irrevocable and is not accessible to the beneficiary. It is a spendthrift discretionary trust, and the Trustee has control over all distributions. As a result, according to the *Housing Choice Voucher Program Guidebook*, an Irrevocable Trust is defined as:

“(1) This is a trust agreement that allows an individual to permanently transfer assets during his/her lifetime to someone else.

(2) Trusts which are not revocable by or under the control of any member of the family are not considered assets.

(3) Instead, the regulation requires that the actual income distributed to the tenant family from such a trust be counted when determining Annual Income.”

The guidebook, then refers to Exhibit 5-2 which outlines the specific income and exclusions to the program. Specifically, please refer to exclusions (4) and (9) which state:

(4) “Amounts received by the family that are specifically for, or in reimbursement of the cost of medical expenses for any family member;”
and

(9) “Temporary, nonrecurring, or sporadic income (including gifts). . .”

It is our position that distributions from this trust should not be counted as income for the following several reasons. First, the distributions are not made directly to the beneficiary. They are made to third parties on their behalf. Therefore, they are not “actual” income distributed to the family, and should be excluded for purposes of Section 8 eligibility, as they are for eligibility for Supplemental Security Income and Medicaid.

Second, some of the distributions are medical expenses, and therefore are specifically excluded based on exclusion (4) above. Specifically, the following distributions are medical expenses, (insert information).

Third, as this is a pure discretionary trust the distributions are sporadic, and are not, “periodic and determinable allowances” as a support trust might be. They are therefore excluded based on exclusion (9) above.

PATRICIA E. KEFALAS DUDEK & ASSOCIATES

ATTORNEYS AT LAW

4190 Telegraph Road, Suite 3000, Bloomfield Hills, MI 48302-2082 248-731-3099

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 . . .

PATRICIA E. KEFALAS DUDEK & ASSOCIATES

ATTORNEYS AT LAW

4190 Telegraph Road, Suite 3000, Bloomfield Hills, MI 48302-2082 248-731-3099

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:

PATRICIA E. KEFALAS DUDEK & ASSOCIATES

ATTORNEYS AT LAW

4190 Telegraph Road, Suite 3000, Bloomfield Hills, MI 48302-2082 248-731-3099

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):

PATRICIA E. KEFALAS DUDEK & ASSOCIATES

ATTORNEYS AT LAW

4190 Telegraph Road, Suite 3000, Bloomfield Hills, MI 48302-2082 248-731-3099

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: _____

PATRICIA E. KEFALAS DUDEK & ASSOCIATES

ATTORNEYS AT LAW

4190 Telegraph Road, Suite 3000, Bloomfield Hills, MI 48302-2082 248-731-3099

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: _____

PATRICIA E. KEFALAS DUDEK & ASSOCIATES

ATTORNEYS AT LAW

4190 Telegraph Road, Suite 3000, Bloomfield Hills, MI 48302-2082 248-731-3099

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:

PATRICIA E. KEFALAS DUDEK & ASSOCIATES

ATTORNEYS AT LAW

4190 Telegraph Road, Suite 3000, Bloomfield Hills, MI 48302-2082 248-731-3099

Section Seven: Medical/Emergency Information

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

Dentist:

Specialists:

Allergies:

Vision:

Hearing:

Seizures:

PATRICIA E. KEFALAS DUDEK & ASSOCIATES

ATTORNEYS AT LAW

4190 Telegraph Road, Suite 3000, Bloomfield Hills, MI 48302-2082 248-731-3099

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

PATRICIA E. KEFALAS DUDEK & ASSOCIATES

ATTORNEYS AT LAW

4190 Telegraph Road, Suite 3000, Bloomfield Hills, MI 48302-2082 248-731-3099

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

:

PATRICIA E. KEFALAS DUDEK & ASSOCIATES

ATTORNEYS AT LAW

4190 Telegraph Road, Suite 3000, Bloomfield Hills, MI 48302-2082 248-731-3099

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:

PATRICIA E. KEFALAS DUDEK & ASSOCIATES

ATTORNEYS AT LAW

4190 Telegraph Road, Suite 3000, Bloomfield Hills, MI 48302-2082 248-731-3099

_____ 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:

PATRICIA E. KEFALAS DUDEK & ASSOCIATES

ATTORNEYS AT LAW

4190 Telegraph Road, Suite 3000, Bloomfield Hills, MI 48302-2082 248-731-3099

_____ 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)

PATRICIA E. KEFALAS DUDEK & ASSOCIATES

ATTORNEYS AT LAW

4190 Telegraph Road, Suite 3000, Bloomfield Hills, MI 48302-2082 248-731-3099

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:

PATRICIA E. KEFALAS DUDEK & ASSOCIATES

ATTORNEYS AT LAW

4190 Telegraph Road, Suite 3000, Bloomfield Hills, MI 48302-2082 248-731-3099

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):

PATRICIA E. KEFALAS DUDEK & ASSOCIATES

ATTORNEYS AT LAW

4190 Telegraph Road, Suite 3000, Bloomfield Hills, MI 48302-2082 248-731-3099

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:

PATRICIA E. KEFALAS DUDEK & ASSOCIATES

ATTORNEYS AT LAW

4190 Telegraph Road, Suite 3000, Bloomfield Hills, MI 48302-2082 248-731-3099

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 _____:

PATRICIA E. KEFALAS DUDEK & ASSOCIATES

ATTORNEYS AT LAW

4190 Telegraph Road, Suite 3000, Bloomfield Hills, MI 48302-2082 248-731-3099

Parent's Signature

Date

Parent's Signature

Date

Date Updated

PATRICIA E. KEFALAS DUDEK & ASSOCIATES

ATTORNEYS AT LAW

4190 Telegraph Road, Suite 3000, Bloomfield Hills, MI 48302-2082 248-731-3099

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

PATRICIA E. KEFALAS DUDEK & ASSOCIATES

ATTORNEYS AT LAW

4190 Telegraph Road, Suite 3000, Bloomfield Hills, MI 48302-2082 248-731-3099

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.

PATRICIA E. KEFALAS DUDEK & ASSOCIATES

ATTORNEYS AT LAW

4190 Telegraph Road, Suite 3000, Bloomfield Hills, MI 48302-2082 248-731-3099

MEMORANDUM

It is my desire that my disabled son/daughter _____, retain residence in our present home at _____, Michigan. He/She is comfortable here and is familiar with the neighborhood/neighbors as they are with _____. Since he/she does not readily adapt to change it would be to their benefit especially upon my death.

The Special Needs Trust which I have established for _____ is intended to be used to maintain him/her in the family home.

Upon my death it is likely that _____ will need a guardian to act/advocate for him/her. I request that person be his/her brother/sister _____.

Following are notes, eccentricities about _____ which a guardian or care giver should be aware of:

- Dislikes heights
- Likes showers and swimming pools
- Dislikes underwear and any clothing which is tight around the waist due to his/her scoliosis
- Will "raid" refrigerator and cupboards
- Will go outside the house in night clothes
- Likes to go outdoors in all types of weather with or without appropriate clothing
- Moves things from place to place without remembering where they are
- After four years he/she stopped taking Prozac and Haldol in _____
- Has a burial plot next to parents at _____ Cemetery in _____
- Has savings account at _____ Bank at _____
- Dislikes confinement of any kind
- Needs much coaxing to participate in activities -- prefers to be an observer
- Requires a full size bed and sturdy furniture
- Has never in his/her life shared a bedroom
- Dislikes belts, suspenders and neckties
- Likes combs and brushes
- Neglects to turn off water faucets, radios, stereos, etc.
- Needs assistance with hygiene, grooming, laundry, cleaning, cooking and dressing
- Cannot read or write, manage money or reason
- Frequently prefers to eat meals in a room alone
- Enjoys spraying vehicles with water from garden hose

Letter of Intent
for

[REDACTED] currently lives with me, her mom at [REDACTED] Michigan. Her phone number there is [REDACTED] does have a Michigan ID she keeps with her. Her Social Security Number is [REDACTED]

My daughter, [REDACTED] is a very special person. [REDACTED] has a very social outgoing personality. She has always like to be around adults and she is friendly with everyone (this is not always good). [REDACTED] also tends to be easily influenced. She cares about others and their feelings and likes to please. [REDACTED] is very verbal and is happy and cheerful (except for work mornings when she may give mom a hard time).

██████ has a remarkable memory. She cannot read (survival signs only) and she does not write (prints her name only). ██████ knows her address and phone number. She can dial numbers on the phone when she is given one number at a time. She can dial 911 for an emergency. I have stored numbers in the phone for ██████ to use in an emergency (picture of person with corresponding number)- she has these numbers memorized.

██████████ is encouraged to make her own decisions/choices. Major decisions are to be made for her.

As a single parent, I work and leave before [REDACTED] in the a.m. and arrive home after her in the p.m.. We have rules to be followed when she is alone- does not answer door unless she knows who it is- family or neighbors are ok. She will not answer the phone till message comes on recorder and she knows if it is family or someone she knows. [REDACTED] will also not go down the basement stairs or plug anything into an electrical outlet. [REDACTED] will also not eat peanuts, popcorn or hard candy when she is alone.

When [REDACTED] encounters a new situation she does not know what to do. [REDACTED] has been "programmed" for things to do and not to do.

Example: Her last year of school she was already for school when I left. Before her bus came the zipper in her pants broke- she did not think to change her pants because this was what she was supposed to wear and it had never happened before.

Example: She wears a fanny pouch to work. When she comes home, it always comes off. The latch would not open and she did not know to loosen the strap or think to leave it on till mom got home. She twisted and turned and finally got it down over her butt- but messed up her shoulder in the process.

These were new situations and she didn't know what to do. Wasn't "programmed." Each new situation is a learning experience for her and hopefully a non-dangerous experience.

The purpose of this Letter of Intent is to share with you things she enjoys doing, her likes, dislikes, skills, and other information to ensure [REDACTED] has a good quality of life in view of her disability limitations.

[REDACTED] is very close with her sister, [REDACTED] and her stepdaughter, [REDACTED]. Even though [REDACTED] has her own home, they are still close and spend time together. [REDACTED] knows [REDACTED] as well as I do and has been a part of her life all of these years.

[REDACTED] has three step- brothers:

1. [REDACTED] wife [REDACTED] niece [REDACTED] and nephew [REDACTED]
2. [REDACTED] his friend [REDACTED] and Ex-wife [REDACTED] nieces [REDACTED] and [REDACTED]
3. [REDACTED] wife [REDACTED] niece [REDACTED] and nephew [REDACTED]

Dee has two Aunts and one Uncle"

1. Aunt [REDACTED] Husband [REDACTED] They live up north, and Cousin [REDACTED] and her family
2. Aunt [REDACTED] Husband [REDACTED] cousins [REDACTED] and [REDACTED]
3. Uncle [REDACTED] - lives out of state

Her grandparents are deceased.

[REDACTED] friends would include [REDACTED] Co-workers at STEP, friends from involvement with [REDACTED] Therapeutic Program and [REDACTED] Church.

[REDACTED] lives with me and it is our wish (mom and Sister [REDACTED] that [REDACTED] remain in this home or a condo if she is still living with mom at the time of my death. She is comfortable here and is familiar with the neighborhood/neighbors as they are with her.

If she is still living with mom in our 3 bedroom home or condo (if adequate room) a friend (female) could move in with her to share expenses and responsibilities. Each to have their own bedroom. [REDACTED] must have supervision in the home/condo. **THIS IS A REQUIREMENT.**

If a trustee has difficulty/problems staffing/ or keeping staff- supervision for [REDACTED] in the home or Condo then in the best interest of all, [REDACTED] should be placed in an appropriate supervised apartment or group home.

If [REDACTED] is living in a group home with supervision/caregiver or apartment with supervision/caregiver at the time of my death and is happy and comfortable/adjusted to this arrangement, then it is my wish that she remain in her current housing. My daughter [REDACTED] will have the final say in this matter upon my death.

[REDACTED] and I have discussed apartment/group home living with supervision/caregiver. At times she wants outside of the home and others she does not. She would preferably like to live with her sister or half brothers. **THIS IS NOT AN OPTION!!** She will not live in her sibling's home or any relative's home. Have tried to explain to her that they each have their own homes and lives and she would too.

The location of [REDACTED] housing should be in the area where she can still attend [REDACTED] STEP workshop (if still there) with transportation available ([REDACTED] Transit).

* The Special Needs Trust which will be established for [REDACTED] should provide/ maintain appropriate housing at a reasonable monthly cost to her (them).

[REDACTED] would need staff to help with the most/majority of household tasks.

1. Needs help making her bed.
2. Needs help preparing meals other than very simple foods (sandwich, cereal etc.)
3. Needs help with housecleaning, vacuuming, dusting etc.
4. Needs help with laundry- has never ironed.
5. Needs help with outside work- summer and winter
6. Does not use stove- Needs 1 on 1 assistance with microwave, toaster.

[REDACTED] will offer and want to do things around the house.

1. [REDACTED] will clean table off after meals, putting dishes away in dishwasher and wipe the table. She will also empty dishwasher.
2. Helps putting groceries away.
3. Can pack lunch with assistance
4. Empties wastebaskets
5. Likes to Vacuum
6. Likes to set the table
7. Likes to help with shoveling snow and raking
8. Will help weed, sweep and pick up debris around the house
9. Small miscellaneous tasks that she can attend to- "A place for everything" and she likes everything in it's place.

If [REDACTED] is asked to do something she usually remembers- occasionally she has to be reminded.

A Special Needs Trust has been set up for [REDACTED] and is to be activated upon my death. Patricia E. Kefalas Dudek is our attorney and has also established Power of Attorney legal documents for [REDACTED] and myself.

[REDACTED] receives SSDI in the amount of \$875.00 a month. Her Medicaid Case Number is [REDACTED] A and her recipient number is [REDACTED]. [REDACTED] also receives Medicare; her number is [REDACTED]

[REDACTED] FIA worker is [REDACTED] at [REDACTED]

[REDACTED] Drs. are with the [REDACTED] Health System. Her medical record # is [REDACTED]

[REDACTED] does not have any bank accounts. She signs her own paychecks, then I endorse and we cash at my bank Comerica. [REDACTED] does have a coin sorter and will roll coins to be taken to the bank. Need coin wrappers periodically. [REDACTED] would need help with money management. [REDACTED] has direct deposit for her Social Security Check- Comerica.

works at STEP . It is located at in .
 is her supports coordinator and he can be reached at . Her annual plan is completed in October. averages \$40 every two weeks.
 uses her paychecks for outings with Therapeutic Program, buying mom dinner and for other miscellaneous.

does not do her own banking. She does require assistance with her banking. Other than signing a check, she would need help with any and all banking if she were to open an account.

has not had to file for taxes yet. If she does need to file use at .
 will need full assistance with her taxes.

is receiving casemanagement through STEP. also is on the Family and Neighborhood waiting list for housing.

receives sheltered employment services through STEP. 734-722-1000. She receives respite services through . has stayed at the . She is not very happy to go. She does not sleep or eat well when she is there. She will get homesick and tries to manipulate mom.

Current Doctors of Include:

Primary Care-
.
.
Medical Center
.

is seen here yearly for physical and to have numerous forms filled out.
REQUIREMENT! 1st Mammogram will be done at age 30. Mammogram every two (2) years till age 40. Mammogram will be done yearly after age 40, due to mother's history.

Dentist-
.
.

should see him twice a year. REQUIREMENT!

OB/GYN-
.
.
Medical Center
.

PAP/Pelvic- will decide yearly whether this will be done. REQUIREMENT!
Pelvic ultrasound to be done yearly! REQUIREMENT!

Neurologist- _____
_____ Medical Center

No longer being seen- only if problems arise.

_____ is Allergic to Penicillin.

Vision- _____ (if retired see _____)

_____ Health Care System

Seen yearly REQUIREMENT.

Hearing- No reported problems. See by primary doctor.

Braces- New AFO's _____ (as needed)

New Provider is _____

Seizures- 1 seizure in November 1983. Put on Phenobarbital till October 1990- has been seizure free. No medication since 1990.

Medications:

NO PENICILLIN!

Lacri-Lube Ointment (OTC) Squeeze small amount in right eye at bedtime. Right eye Ptosis-dry eye, eyelid does not close.

Antibiotic Keflex has been given and was tolerated.

Extra Strength Tylenol- (OTC) 1-2 Tabs every 4-6 hrs for fevers, cold, headaches, cramps colds.

Triaminic or Robitussin cough syrup per dosing instructions on bottle for coughs and colds.

Triamcin/ORA 0.1% PST TARO (Prescribed Dental Paste) Applied after meals and at bedtime with Q-Tip for canker sores. (She gets them frequently)

Past operations/conditions: _____ had several surgeries on both legs to correct her gait.
had several eye surgeries on her right eye for the droopy lid.

Other Important Medical Information: _____ has _____ and in school was in a TMI classroom. She wears glasses and wears AFO's leg braces. She had Mono in 1976, Chicken Pox in 1979. She is up to date on all immunizations- She received Hepatitis Series in 1994 and 1995. HIV tested Negative. Periods are regular and normal. History of cancer on both sides of family- monthly breast exam is done by mom and is a requirement. Required that _____ keeps up on

Medical Appts and on a timely basis due to family history of cancer. If [REDACTED] is living outside of our home (w/o mom) or working outside of sheltered workshop, some form of birth control may have to be considered.

I would like [REDACTED] to continue with her current Doctors.

[REDACTED] uses a walker at the workshop (their suggestion) because of her gait. She does not bring the walker home and has not used it outside of the workshop as of yet. She is well liked by staff and co-workers. A favorable report has been given by her supports coordinator.

[REDACTED] rides the Smart Bus (Nankin Transit) to and from work. Her a.m. pick up is between 7:10 and 7:30. Her p.m. drop off of between 3:00 and 3:30. [REDACTED] carries a house key and lets herself in. [REDACTED] is very responsible in locking the house and turning off the lights and TV in the morning. Workshop hours are from [REDACTED] Transit dispatch [REDACTED] (Cancellations [REDACTED] before 7am)

Supported employment in the community has been brought up at [REDACTED] annual meetings. I do not feel that this is a feasible option. She would need one on one job supervision. Transportation could be a problem. If something became available in the community that would suit/benefit her we could "maybe" try. [REDACTED] is too easily taken advantage of (too friendly with strangers). SUPERVISION WOULD BE MANDATORY!

[REDACTED] would have her own bedroom with AT LEAST a twin-size bed with a good mattress and accompanying furniture. She will have from my estate or special needs trust FOR HER USE:

1. Color TV with remote
2. VCR Recorder/ Videos
3. Telephone
4. Stereo or Radio with cassette/CD player- cassettes/CD's
5. Large 3 wheel bike
6. Bowling ball
7. My Quantex computer or other
8. Hand held tape recorder
9. Coffee Pot
10. Micorwave
11. Typewriter
12. Polaroid camera
13. Any and all contents that are in my estate that she could or would use.

[REDACTED] needs help putting on her bra and tying her shoes. Mom puts out her clothes for the next day, but [REDACTED] could probably coordinate this. [REDACTED] dresses herself otherwise. [REDACTED] needs help/supervision with showering, baths and shampooing her hair. Bathing is done daily (more often as needed) and usually in the evening. Shaving under arms 2 times weekly (caregiver to do). [REDACTED] uses a shower chair when she is in the shower. [REDACTED] is independent in taking care of her menstrual cycle. She may need some reminders. [REDACTED] brushes her own teeth- she has to be reminded to brush all of them not just the front ones. [REDACTED] needs help with her hair- mom uses curling iron for her but she is capable of brushing it. Mom takes [REDACTED] every 4-6 weeks for a

hair cut. Using clippers, [REDACTED] does her fingers and toes nails. Puts on deodorant and occasionally blush and lipstick. [REDACTED] changes her clothes daily. [REDACTED] would need assistance with seasonal change of clothing. Mom buys clothes, [REDACTED] is present sometimes. [REDACTED] needs laundry assistance. Mom uses Q-Tip to clean ears for her. She is not allowed to do this. [REDACTED] does have pierced ears she does need assistance putting in her earrings but she can take them out herself. She wears them to church, work and social activities. [REDACTED] likes to have her nails polished- has to be done for her. She wears a watch but cannot tell time. Mom has to put it on and [REDACTED] takes it off.

[REDACTED] uses the following care items:

White Rain Shampoo (Classic Care Extra Body)
Style Hair Spray
Dial Bar Soap
Lady Speed Stick Deodorant
Stayfree/Kotex Pads
Colgate Tarter Control (w/ Baking Soda and Peroxide)
Gillette Good News Plus (Disposable Razor)

[REDACTED] showers/bathes in the P.M., at times more than 1 time a day if she has an outing or special event. Teeth are brushed in the morning and before bed, more if needed or special event. Her hair is shampooed daily.

[REDACTED] would require safety handrails in the shower/tub. [REDACTED] is able to get in and out of the shower/bath by herself but **HAS TO BE WATCHED!**

[REDACTED] will eat just about everything. She would rather have dinner foods for breakfast i.e.; macaroni and cheese, spaghetti, noodles and meatballs, casseroles etc.

[REDACTED] likes: Spaghetti, steak, hamburgers with mushrooms, macaroni and cheese, salads, casseroles, tuna, any pasta, any kind of corn, fast food- McDonalds. Snacks: popcorn, Doritos, peanuts, whoppers, M&M's, Prefers box crackers (most any kind- she calls them cookies) over cookies or other sweets. [REDACTED] has a small snack daily after work and before bed, likes most kinds of pop (limited pop intake) and Ice Tea.

[REDACTED] does not care for: cold cereal, oatmeal, bananas, green beans, peas, squash, sweet potatoes, cottage cheese. Even though dislikes are few, they are included in her diet.

[REDACTED] has to be reminded to eat fruit, unless put in front of her or packed in her lunch. [REDACTED] does not drink alcohol or smoke.

[REDACTED] likes to eat out. She cannot read the menu. She will order from several entrees offered to her. Needs help cutting up some foods, meat etc. Do not use table salt on foods- only occasionally.

[REDACTED] likes the leisure/recreation activities:

Outings with [REDACTED] Therapeutic Program, Special Olympics (bowling and soft ball throw), shopping, bowling, movies, dances, parties, taking pictures with Polaroid, watching TV (any

emergency, Dr. or Medical Program. Brady bunch, Flintstones, Gilligan, Golden Girls, Sitcoms) likes to cut coupons, go and visit family, listen to stereo. [REDACTED] is game for anything- she just likes to go. [REDACTED] is a very social person and likes to go and just DO about anything. attention span is short, will watch/attend to a two-hour movie only if it is something she likes. She will watch some horror movies with mom. Likes disaster movies- Earthquake, Airplane crashes etc. (Weird!) [REDACTED] is Happy to go anywhere- anytime!

[REDACTED] favorite friends to go out with are;

Sister [REDACTED] Home Number: [REDACTED] Work Number: [REDACTED]

[REDACTED] usually vacations up north in the summer- my wish is that she will still be able to do this for 1 or 2 weeks. Her aunt lives up north. Any other place she may wish to go with plans made and supervision for her. She would also like to visit her uncle in Florida for a vacation, with supervision.

[REDACTED] likes to ride her 3-wheel bike outside weather permitting- she will have to be prompted. [REDACTED] will also help with yard work in the summer. She will also throw the softball or Frisbee.

[REDACTED] attends [REDACTED] Church located at [REDACTED] in [REDACTED] MI. The phone number is [REDACTED]. [REDACTED] is the Pastor. [REDACTED] attends weekly if possible- transportation provided by church people in area- contact person at this time [REDACTED]. Several of [REDACTED] friends attend this church.

Currently there are no funeral arrangements for [REDACTED]. Options: One (1). Cremating interment space at [REDACTED] in [REDACTED] Option two (2). Two burial plots plus two cremating spaces at [REDACTED] are available to the family.

Special arrangements regarding religion:

[REDACTED] was baptized in the [REDACTED] religion and I would like/prefer a [REDACTED] Minister to preside at her funeral- subject to change. [REDACTED] was baptized at [REDACTED]

Our family is close. We celebrate almost all holidays together including Birthdays, Thanksgiving, Christmas, Christmas Eve and Easter.

Our family celebrates events by...

Birthdays- Favorite dinner (at home or out) cake, ice cream and gifts and of course singing Happy Birthday!

Valentine's Day- [REDACTED] receives a card in the mail from mom and sister and sometimes a small gift.

St. Patrick's Day- [REDACTED] has to wear green so she doesn't get pinched.

Thanksgiving Day- Parade on TV, does not hold her interest- dinner at home or out with family

Christmas Eve- At sister's home with mom opens gifts Christmas Eve from mom and sister.

Christmas day- Breakfast at [redacted] or [redacted] (half-brothers) more gifts to open. Dinner with all of the family (Aunts, Uncles and Cousins etc.)

New Years Eve- Usually spent at home- quietly.

Valentines Day- [redacted] sends cards to her nieces and nephews with \$1.00 in card. Mom helps with this.

Community Participation:

[redacted] does vote by absentee ballot. I explain the ballot to her and she makes the choice and I mark the ballot.

[redacted] is a member of the [redacted] [redacted] pays yearly membership fees with a renewal form. New ID card issued yearly. Quarterly newsletter (which comes to the home) it gives events, prices, and detailed information of outings with registration forms. [redacted] enjoys these outing and we try to do as many as we can. As a rule, we don't participate on work nights if it's late.

[redacted] is used to the following routine: [redacted] goes to bed during the work week between 8:00-8:30 (because mom's work and leaving the house before her in the morning [redacted] has to be dressed, hair done, everything ready to go and breakfast in front of her). Gets up at 5:00am, uses alarm. Has breakfast, brushes teeth and washes her face. Timer on the stove is set so she knows when to put on coat etc. and start watching for bus. [redacted] cannot tell time. Otherwise bed and wake up times are her call. Home from work- she puts things away and does any chores that were talked about in the am. She will watch TV and knows mom will be home when a certain program is on. Occasionally I will leave a message on tape recorder for her. Mom home- if in for the night will have shower/bath before dinner. Weekends if no outings she does not get dressed right away.

will have her coffee and watch TV. After she is dressed she will help mom with chores in the house/ outside. Bathes Sat. night unless she has an outing. This way she is ready for church in the morning. She takes her bible, purse and money. If she has an outing late Saturday night she will bathe Sunday morning.

Habits: [redacted] is a "peeping Tom"- she likes to watch out the window to see what the neighbors are doing- they wave when they see her. When [redacted] is anxious/nervous she will pick at her fingernails- sometimes making her fingers very sore or she will ask the same question over and over. [redacted] is a worrier- just like mom. I assume (for self-stimulation) she "hums"- this drives me crazy. When she is tired she will swing her head side to side. [redacted] wears a bite splint on her ^{lower} teeth at night when sleeping because she grinds her teeth. She takes care of this by herself, putting the splint in warm water before putting it in her mouth, in the morning she removes it and cleans it when she brushes her teeth.

[redacted] does not have a behavior problem. Twice I have seen her mad, reacting with 1. Pounding her fist on the table and 2. Pulling her sisters hair. [redacted] becomes very anxious/nervous when she knows she has a Dr. or Dentist appointment. I TRY NOT TO LET HER KNOW AHEAD OF TIME! [redacted] does not like to be home alone. [redacted] has sensitive hearing and loud music, TV etc. bother her.

[redacted] has a phobia about the weather- snow, rain, storms, wind etc. Try not to let her hear weather reports. She will hear things from her coworkers. If she hears were having snow, she's afraid

her bus won't pick her up and she will be alone at home. She will not sleep well if she hears "bad" weather is coming. Many times I have taken her in to work with me because of several inches of snow and not knowing whether her bus will be running after I have left for work. Situations when she has been left alone because of weather, she has pestered family members at their work- (calling on the phone) many times.

I would hope and Pray that can have a happy, healthy and fulfilling life, to the greatest extent she can realize. Also, any wishes, hopes and dreams she may express may become a reality. It is my wish and prayer that she see and have contact with family outside of her housing and that family in turn see and have contact with her within her housing, seeing that she is well, happy and taken care of physically, emotionally and financially.

Parent's Signature

Date:

The Arc Staff Signature

Date:

EMERGENCY FACT SHEET

Name:

Phone:

Address:

Date of Birth:

Social Security Number:

Case Management Agency:

Phone:

Address:

Medicare Number:

Phone:

Medicaid Number

Phone:

_____ Health System Medical Record Number:

Primary Care Physician:

Phone:

Dentist:

Phone:

Attorney:

Phone:

Day Program:

Phone:

Respite Care:

Phone:

Additional Emergency Numbers:

Mom:

Sister/Brother:

Aunt/Uncle:

Primary Diagnosis:

Secondary Diagnosis:

Medications:

Non prescription:

Prescription

Allergies:

Medical History:

Funeral Arrangements:

Primary Contact:

Name:

Address:

Work Number:

Home Number:

Cell Phone:

Secondary Contact:

Name:

Address:

Work Number:

Home Number:

Cell Phone:

as written by her mother

██████████ currently lives with me, her mom at ██████████ Michigan. Her phone number there is ██████████ does have a Michigan ID she keeps with her. Her Social Security Number is ██████████

My daughter, [REDACTED] is a very special person. [REDACTED] has a very social outgoing personality. She has always like to be around adults and she is friendly with everyone (this is not always good). [REDACTED] also tends to be easily influenced. She cares about others and their feelings and likes to please. [REDACTED] is very verbal and is happy and cheerful (except for work mornings when she may give mom a hard time).

██████ has a remarkable memory. She cannot read (survival signs only) and she does not write (prints her name only). ██████ knows her address and phone number. She can dial numbers on the phone when she is given one number at a time. She can dial 911 for an emergency. I have stored numbers in the phone for ██████ to use in an emergency (picture of person with corresponding number)- she has these numbers memorized.

██████████ is encouraged to make her own decisions/choices. Major decisions are to be made for her.

As a single parent, I work and leave before [REDACTED] in the a.m. and arrive home after her in the p.m.. We have rules to be followed when she is alone- does not answer door unless she knows who it is- family or neighbors are ok. She will not answer the phone till message comes on recorder and she knows if it is family or someone she knows. [REDACTED] will also not go down the basement stairs or plug anything into an electrical outlet. [REDACTED] will also not eat peanuts, popcorn or hard candy when she is alone.

When [redacted] encounters a new situation she does not know what to do. [redacted] has been "programmed" for things to do and not to do.

Example: Her last year of school she was already for school when I left. Before her bus came the zipper in her pants broke- she did not think to change her pants because this was what she was supposed to wear and it had never happened before.

Example: She wears a fanny pouch to work. When she comes home, it always comes off. The latch would not open and she did not know to loosen the strap or think to leave it on till mom got home. She twisted and turned and finally got it down over her butt- but messed up her shoulder in the process.

These were new situations and she didn't know what to do. Wasn't "programmed." Each new situation is a learning experience for her and hopefully a non-dangerous experience.

The purpose of this Letter of Intent is to share with you things she enjoys doing, her likes, dislikes, skills, and other information to ensure [REDACTED] has a good quality of life in view of her disability limitations.

[REDACTED] is very close with her sister, [REDACTED] and her stepdaughter, [REDACTED]. Even though [REDACTED] has her own home, they are still close and spend time together. [REDACTED] knows [REDACTED] as well as I do and has been a part of her life all of these years.

[REDACTED] has three step- brothers:

1. [REDACTED] wife [REDACTED] niece [REDACTED] and nephew [REDACTED]
2. [REDACTED] his friend [REDACTED] and Ex-wife [REDACTED] nieces [REDACTED] and [REDACTED]
3. [REDACTED] wife [REDACTED] niece [REDACTED] and nephew [REDACTED]

Dee has two Aunts and one Uncle"

1. Aunt [REDACTED] Husband [REDACTED] They live up north, and Cousin [REDACTED] and her family
2. Aunt [REDACTED] Husband [REDACTED] cousins [REDACTED] and [REDACTED]
3. Uncle [REDACTED] - lives out of state

Her grandparents are deceased.

[REDACTED] friends would include [REDACTED] Co-workers at STEP, friends from involvement with [REDACTED] Therapeutic Program and [REDACTED] Church.

[REDACTED] lives with me and it is our wish (mom and Sister [REDACTED] that [REDACTED] remain in this home or a condo if she is still living with mom at the time of my death. She is comfortable here and is familiar with the neighborhood/neighbors as they are with her.

If she is still living with mom in our 3 bedroom home or condo (if adequate room) a friend (female) could move in with her to share expenses and responsibilities. Each to have their own bedroom. [REDACTED] must have supervision in the home/condo. **THIS IS A REQUIREMENT.**

If a trustee has difficulty/problems staffing/ or keeping staff- supervision for [REDACTED] in the home or Condo then in the best interest of all, [REDACTED] should be placed in an appropriate supervised apartment or group home.

If [REDACTED] is living in a group home with supervision/caregiver or apartment with supervision/caregiver at the time of my death and is happy and comfortable/adjusted to this arrangement, then it is my wish that she remain in her current housing. My daughter [REDACTED] will have the final say in this matter upon my death.

[REDACTED] and I have discussed apartment/group home living with supervision/caregiver. At times she wants outside of the home and others she does not. She would preferably like to live with her sister or half brothers. **THIS IS NOT AN OPTION!!** She will not live in her sibling's home or any relative's home. Have tried to explain to her that they each have their own homes and lives and she would too.

The location of [REDACTED] housing should be in the area where she can still attend [REDACTED] STEP workshop (if still there) with transportation available ([REDACTED] Transit).

* The Special Needs Trust which will be established for [REDACTED] should provide/ maintain appropriate housing at a reasonable monthly cost to her (them).

[REDACTED] would need staff to help with the most/majority of household tasks.

1. Needs help making her bed.
2. Needs help preparing meals other than very simple foods (sandwich, cereal etc.)
3. Needs help with housecleaning, vacuuming, dusting etc.
4. Needs help with laundry- has never ironed.
5. Needs help with outside work- summer and winter
6. Does not use stove- Needs 1 on 1 assistance with microwave, toaster.

[REDACTED] will offer and want to do things around the house.

1. [REDACTED] will clean table off after meals, putting dishes away in dishwasher and wipe the table. She will also empty dishwasher.
2. Helps putting groceries away.
3. Can pack lunch with assistance
4. Empties wastebaskets
5. Likes to Vacuum
6. Likes to set the table
7. Likes to help with shoveling snow and raking
8. Will help weed, sweep and pick up debris around the house
9. Small miscellaneous tasks that she can attend to- "A place for everything" and she likes everything in it's place.

If [REDACTED] is asked to do something she usually remembers- occasionally she has to be reminded.

A Special Needs Trust has been set up for [REDACTED] and is to be activated upon my death. Patricia E. Kefalas Dudek is our attorney and has also established Power of Attorney legal documents for [REDACTED] and myself.

[REDACTED] receives SSDI in the amount of \$875.00 a month. Her Medicaid Case Number is [REDACTED] A and her recipient number is [REDACTED]. [REDACTED] also receives Medicare; her number is [REDACTED]

[REDACTED] FIA worker is [REDACTED] at [REDACTED]

[REDACTED] Drs. are with the [REDACTED] Health System. Her medical record # is [REDACTED]

[REDACTED] does not have any bank accounts. She signs her own paychecks, then I endorse and we cash at my bank Comerica. [REDACTED] does have a coin sorter and will roll coins to be taken to the bank. Need coin wrappers periodically. [REDACTED] would need help with money management. [REDACTED] has direct deposit for her Social Security Check- Comerica.

works at STEP . It is located at in .
 is her supports coordinator and he can be reached at . Her annual
 plan is completed in October. averages \$40 every two weeks.
 uses her paychecks for outings with Therapeutic Program, buying mom dinner
 and for other miscellaneous.

does not do her own banking. She does require assistance with her banking. Other than
 signing a check, she would need help with any and all banking if she were to open an account.

has not had to file for taxes yet. If she does need to file use at .
 will need full assistance with her taxes.

is receiving casemanagement through STEP. also is on the Family and
 Neighborhood waiting list for housing.

receives sheltered employment services through STEP. 734-722-1000. She receives
 respite services through has stayed at the
 . She is not very happy to go. She does not sleep or eat well when she is
 there. She will get homesick and tries to manipulate mom.

Current Doctors of Include:

Primary Care-

Medical Center

is seen here yearly for physical and to have numerous forms filled out.
 REQUIREMENT! 1st Mammogram will be done at age 30. Mammogram every two (2) years till
 age 40. Mammogram will be done yearly after age 40, due to mother's history.

Dentist-

should see him twice a year. REQUIREMENT!

OB/GYN-

Medical Center

PAP/Pelvic- will decide yearly whether this will be done. REQUIREMENT!
 Pelvic ultrasound to be done yearly! REQUIREMENT!

Neurologist- _____
_____ Medical Center

No longer being seen- only if problems arise.

_____ is Allergic to Penicillin.

Vision- _____ (if retired see _____)

_____ Health Care System

Seen yearly REQUIREMENT.

Hearing- No reported problems. See by primary doctor.

Braces- New AFO's _____ (as needed)

New Provider is _____

Seizures- 1 seizure in November 1983. Put on Phenobarbital till October 1990- has been seizure free. No medication since 1990.

Medications:

NO PENICILLIN!

Lacri-Lube Ointment (OTC) Squeeze small amount in right eye at bedtime. Right eye Ptosis-dry eye, eyelid does not close.

Antibiotic Keflex has been given and was tolerated.

Extra Strength Tylenol- (OTC) 1-2 Tabs every 4-6 hrs for fevers, cold, headaches, cramps colds.

Triaminic or Robitussin cough syrup per dosing instructions on bottle for coughs and colds.

Triamcin/ORA 0.1% PST TARO (Prescribed Dental Paste) Applied after meals and at bedtime with Q-Tip for canker sores. (She gets them frequently)

Past operations/conditions: _____ had several surgeries on both legs to correct her gait. had several eye surgeries on her right eye for the droopy lid.

Other Important Medical Information: _____ has _____ and in school was in a TMI classroom. She wears glasses and wears AFO's leg braces. She had Mono in 1976, Chicken Pox in 1979. She is up to date on all immunizations- She received Hepatitis Series in 1994 and 1995. HIV tested Negative. Periods are regular and normal. History of cancer on both sides of family- monthly breast exam is done by mom and is a requirement. Required that _____ keeps up on

Medical Appts and on a timely basis due to family history of cancer. If [REDACTED] is living outside of our home (w/o mom) or working outside of sheltered workshop, some form of birth control may have to be considered.

I would like [REDACTED] to continue with her current Doctors.

[REDACTED] uses a walker at the workshop (their suggestion) because of her gait. She does not bring the walker home and has not used it outside of the workshop as of yet. She is well liked by staff and co-workers. A favorable report has been given by her supports coordinator.

[REDACTED] rides the Smart Bus (Nankin Transit) to and from work. Her a.m. pick up is between 7:10 and 7:30. Her p.m. drop off of between 3:00 and 3:30. [REDACTED] carries a house key and lets herself in. [REDACTED] is very responsible in locking the house and turning off the lights and TV in the morning. Workshop hours are from [REDACTED] Transit dispatch [REDACTED] (Cancellations [REDACTED] before 7am)

Supported employment in the community has been brought up at [REDACTED] annual meetings. I do not feel that this is a feasible option. She would need one on one job supervision.

Transportation could be a problem. If something became available in the community that would suit/benefit her we could "maybe" try. [REDACTED] is too easily taken advantage of (too friendly with strangers). SUPERVISION WOULD BE MANDATORY!

[REDACTED] would have her own bedroom with AT LEAST a twin-size bed with a good mattress and accompanying furniture. She will have from my estate or special needs trust FOR HER USE:

1. Color TV with remote
2. VCR Recorder/ Videos
3. Telephone
4. Stereo or Radio with cassette/CD player- cassettes/CD's
5. Large 3 wheel bike
6. Bowling ball
7. My Quantex computer or other
8. Hand held tape recorder
9. Coffee Pot
10. Micorwave
11. Typewriter
12. Polaroid camera
13. Any and all contents that are in my estate that she could or would use.

[REDACTED] needs help putting on her bra and tying her shoes. Mom puts out her clothes for the next day, but [REDACTED] could probably coordinate this. [REDACTED] dresses herself otherwise. [REDACTED] needs help/supervision with showering, baths and shampooing her hair. Bathing is done daily (more often as needed) and usually in the evening. Shaving under arms 2 times weekly (caregiver to do). [REDACTED] uses a shower chair when she is in the shower. [REDACTED] is independent in taking care of her menstrual cycle. She may need some reminders. [REDACTED] brushes her own teeth- she has to be reminded to brush all of them not just the front ones. [REDACTED] needs help with her hair- mom uses curling iron for her but she is capable of brushing it. Mom takes [REDACTED] every 4-6 weeks for a

hair cut. Using clippers, [REDACTED] does her fingers and toes nails. Puts on deodorant and occasionally blush and lipstick. [REDACTED] changes her clothes daily. [REDACTED] would need assistance with seasonal change of clothing. Mom buys clothes, [REDACTED] is present sometimes. [REDACTED] needs laundry assistance. Mom uses Q-Tip to clean ears for her. She is not allowed to do this. [REDACTED] does have pierced ears she does need assistance putting in her earrings but she can take them out herself. She wears them to church, work and social activities. [REDACTED] likes to have her nails polished- has to be done for her. She wears a watch but cannot tell time. Mom has to put it on and [REDACTED] takes it off.

[REDACTED] uses the following care items:

White Rain Shampoo (Classic Care Extra Body)
Style Hair Spray
Dial Bar Soap
Lady Speed Stick Deodorant
Stayfree/Kotex Pads
Colgate Tarter Control (w/ Baking Soda and Peroxide)
Gillette Good News Plus (Disposable Razor)

[REDACTED] showers/bathes in the P.M., at times more than 1 time a day if she has an outing or special event. Teeth are brushed in the morning and before bed, more if needed or special event. Her hair is shampooed daily.

[REDACTED] would require safety handrails in the shower/tub. [REDACTED] is able to get in and out of the shower/bath by herself but HAS TO BE WATCHED!

[REDACTED] will eat just about everything. She would rather have dinner foods for breakfast i.e.; macaroni and cheese, spaghetti, noodles and meatballs, casseroles etc.

[REDACTED] likes: Spaghetti, steak, hamburgers with mushrooms, macaroni and cheese, salads, casseroles, tuna, any pasta, any kind of corn, fast food- McDonalds. Snacks: popcorn, Doritos, peanuts, whoppers, M&M's, Prefers box crackers (most any kind- she calls them cookies) over cookies or other sweets. [REDACTED] has a small snack daily after work and before bed, likes most kinds of pop (limited pop intake) and Ice Tea.

[REDACTED] does not care for: cold cereal, oatmeal, bananas, green beans, peas, squash, sweet potatoes, cottage cheese. Even though dislikes are few, they are included in her diet.

[REDACTED] has to be reminded to eat fruit, unless put in front of her or packed in her lunch. [REDACTED] does not drink alcohol or smoke.

[REDACTED] likes to eat out. She cannot read the menu. She will order from several entrees offered to her. Needs help cutting up some foods, meat etc. Does not use table salt on foods- only occasionally.

[REDACTED] likes the leisure/recreation activities:

Outings with [REDACTED] Therapeutic Program, Special Olympics (bowling and soft ball throw), shopping, bowling, movies, dances, parties, taking pictures with Polaroid, watching TV (any

emergency, Dr. or Medical Program. Brady bunch, Flintstones, Gilligan, Golden Girls, Sitcoms) likes to cut coupons, go and visit family, listen to stereo. [REDACTED] is game for anything- she just likes to go. [REDACTED] is a very social person and likes to go and just DO about anything. attention span is short, will watch/attend to a two-hour movie only if it is something she likes. She will watch some horror movies with mom. Likes disaster movies- Earthquake, Airplane crashes etc. (Weird!) [REDACTED] is Happy to go anywhere- anytime!

[REDACTED] favorite friends to go out with are;

Sister [REDACTED] Home Number: [REDACTED] Work Number: [REDACTED]

[REDACTED] usually vacations up north in the summer- my wish is that she will still be able to do this for 1 or 2 weeks. Her aunt lives up north. Any other place she may wish to go with plans made and supervision for her. She would also like to visit her uncle in Florida for a vacation, with supervision.

[REDACTED] likes to ride her 3-wheel bike outside weather permitting- she will have to be prompted. [REDACTED] will also help with yard work in the summer. She will also throw the softball or Frisbee.

[REDACTED] attends [REDACTED] Church located at [REDACTED] in [REDACTED] MI. The phone number is [REDACTED]. [REDACTED] is the Pastor. [REDACTED] attends weekly if possible- transportation provided by church people in area- contact person at this time
Several of [REDACTED] friends attend this church.

Currently there are no funeral arrangements for [REDACTED]. Options: One (1). Cremating interment space at [REDACTED] in [REDACTED] Option two (2). Two burial plots plus two cremating spaces at [REDACTED] are available to the family.

Special arrangements regarding religion:

[REDACTED] was baptized in the [REDACTED] religion and I would like/prefer a [REDACTED] Minister to preside at her funeral- subject to change. [REDACTED] was baptized at [REDACTED]

Our family is close. We celebrate almost all holidays together including Birthdays, Thanksgiving, Christmas, Christmas Eve and Easter.

Our family celebrates events by...

Birthdays- Favorite dinner (at home or out) cake, ice cream and gifts and of course singing Happy Birthday!

Valentine's Day- [REDACTED] receives a card in the mail from mom and sister and sometimes a small gift.

St. Patrick's Day- [REDACTED] has to wear green so she doesn't get pinched.

Thanksgiving Day- Parade on TV, does not hold her interest- dinner at home or out with family
Christmas Eve- At sister's home with mom opens gifts Christmas Eve from mom and sister.

Christmas day- Breakfast at [redacted] or [redacted] (half-brothers) more gifts to open. Dinner with all of the family (Aunts, Uncles and Cousins etc.)

New Years Eve- Usually spent at home- quietly.

Valentines Day- [redacted] sends cards to her nieces and nephews with \$1.00 in card. Mom helps with this.

Community Participation:

[redacted] does vote by absentee ballot. I explain the ballot to her and she makes the choice and I mark the ballot.

[redacted] is a member of the [redacted] [redacted] pays yearly membership fees with a renewal form. New ID card issued yearly. Quarterly newsletter (which comes to the home) it gives events, prices, and detailed information of outings with registration forms. [redacted] enjoys these outing and we try to do as many as we can. As a rule, we don't participate on work nights if it's late.

[redacted] is used to the following routine: [redacted] goes to bed during the work week between 8:00-8:30 (because mom's work and leaving the house before her in the morning [redacted] has to be dressed, hair done, everything ready to go and breakfast in front of her). Gets up at 5:00am, uses alarm. Has breakfast, brushes teeth and washes her face. Timer on the stove is set so she knows when to put on coat etc. and start watching for bus. [redacted] cannot tell time. Otherwise bed and wake up times are her call. Home from work- she puts things away and does any chores that were talked about in the am. She will watch TV and knows mom will be home when a certain program is on. Occasionally I will leave a message on tape recorder for her. Mom home- if in for the night will have shower/bath before dinner. Weekends if no outings she does not get dressed right away.

[redacted] will have her coffee and watch TV. After she is dressed she will help mom with chores in the house/ outside. Bathes Sat. night unless she has an outing. This way she is ready for church in the morning. She takes her bible, purse and money. If she has an outing late Saturday night she will bathe Sunday morning.

[redacted] Habits: [redacted] is a "peeping Tom"- she likes to watch out the window to see what the neighbors are doing- they wave when they see her. When [redacted] is anxious/nervous she will pick at her fingernails- sometimes making her fingers very sore or she will ask the same question over and over. [redacted] is a worrier- just like mom. I assume (for self-stimulation) she "hums"- this drives me crazy. When she is tired she will swing her head side to side. [redacted] wears a bite splint on her ^{lower} teeth at night when sleeping because she grinds her teeth. She takes care of this by herself, putting the splint in warm water before putting it in her mouth, in the morning she removes it and cleans it when she brushes her teeth.

[redacted] does not have a behavior problem. Twice I have seen her mad, reacting with 1. Pounding her fist on the table and 2. Pulling her sisters hair. [redacted] becomes very anxious/nervous when she knows she has a Dr. or Dentist appointment. I TRY NOT TO LET HER KNOW AHEAD OF TIME! [redacted] does not like to be home alone. [redacted] has sensitive hearing and loud music, TV etc. bother her.

[redacted] has a phobia about the weather- snow, rain, storms, wind etc. Try not to let her hear weather reports. She will hear things from her coworkers. If she hears were having snow, she's afraid

her bus won't pick her up and she will be alone at home. She will not sleep well if she hears "bad" weather is coming. Many times I have taken her in to work with me because of several inches of snow and not knowing whether her bus will be running after I have left for work. Situations when she has been left alone because of weather, she has pestered family members at their work- (calling on the phone) many times.

I would hope and Pray that [REDACTED] can have a happy, healthy and fulfilling life, to the greatest extent she can realize. Also, any wishes, hopes and dreams she may express may become a reality. It is my wish and prayer that she see and have contact with family outside of her housing and that family in turn see and have contact with her within her housing, seeing that she is well, happy and taken care of physically, emotionally and financially.

Parent's Signature

Date:

The Arc Staff Signature

Date:

EMERGENCY FACT SHEET

Name:
Phone:
Address:
Date of Birth:
Social Security Number:

Case Management Agency:
Phone:
Address:

Medicare Number: Phone:
Medicaid Number Phone:
_____ Health System Medical Record Number:
Primary Care Physician:
Phone:

Dentist:
Phone:

Attorney:
Phone:

Day Program:
Phone:

Respite Care:
Phone:

Additional Emergency Numbers:
Mom:
Sister/Brother:
Aunt/Uncle:

Primary Diagnosis:
Secondary Diagnosis:

Medications:
Non prescription:
Prescription

Allergies:

Medical History:

Funeral Arrangements:

Primary Contact:

Name:

Address:

Work Number:

Home Number:

Cell Phone:

Secondary Contact:

Name:

Address:

Work Number:

Home Number:

Cell Phone: