

LETTER OF INTENT INFORMATION

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 . . .

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:

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 contact information):

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

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

Section Five: Financial Information

SSI _____ Current Amount: _____ Medicaid: _____

SSDI _____ Current Amount: _____ Medicare: _____

Food Stamps _____ Current Amount _____

Adult Home Help: _____ Current Amount: _____

DHS (Medicaid) Caseworker: _____
(Name and contact information)

Other Health Insurance: _____

ID number: _____

Contact Person: _____

Banking

Bank/Credit Union Name: _____

Address: _____

Contact Person/Phone: _____

Savings Account Number: _____

Checking Account Number: _____

Special Information: _____

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: _____

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:

Section Seven: Medical/Emergency Information

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

Dentist:

Specialists:

Allergies:

Vision:

Hearing:

Seizures:

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

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 _____:

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:

_____ 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:

_____ 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)

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:

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):

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:

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 _____:

Parent's Signature _____ Date _____

Parent's Signature _____ Date _____

Date Updated _____

How _____ Communicates with Me (us)

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

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.