

A Letter of Intent document is intended to be used in addition to legal documents, such as estate plans, special needs trusts, or a Will, to help caregivers or the courts better understand your child or family member's unique needs, as well as your personal care wishes when you are no longer here.

How To Use This Document

- 1. Print out a few blank copies you'll likely want to revise this information in the future.
- 2. Complete this when you have a quiet space and plenty of time available; you won't want to feel rushed or overwhelmed.
- 3. To the extent the person whom this document represents can participate, include his/her input in key quality of life areas.
- 4. Include family members and/or close friends who may be involved in the person's care in the future.
- 5. Take a breath. This can be an emotional process and you may need some time to get comfortable with it.

SHEEHAN PHINNEY

Boston • Concord • Manchester • Portsmouth • Upper Valley



Family Members

PARENT / GUARDIAN	PARENT / GUARDIAN
Full Name	Full Name
Address	Address
Phone	Phone
Email	Email
mmediate Family Details:	Immediate Family Details:
	Health & Background Info (pertinent info including
pertinent into including previous marriages)	previous marriages)

Family Members

SIBLING	SIBLING
ull Name	Full Name
address	Address
 Phone	 Phone
mail	Email
mmediate Family Details:	Immediate Family Details:
lealth & Background Info pertinent info including revious marriages)	Health & Background Info (pertinent info including previous marriages)

Family Members

AMILY MEMBER	FAMILY MEMBER
ıll Name	Full Name
ddress	Address
 none	Phone
nail	Email
nmediate Family Details:	Immediate Family Details:
ealth & Background Info ertinent info including evious marriages)	Health & Background Info (pertinent info including previous marriages)

Physicians / Caregivers / Healthcare

PHYSICIAN	OTHER (HEALTH/SUPPORT)			
Full Name	Full Name			
Address	Address			
Phone	Phone			
Hospital Affiliation	Hospital Affiliation			
Notes	Notes			

Key Caregivers / Contacts

KEY CAREGIVER/CONTACT	KEY CAREGIVER/CONTACT
Full Name	Full Name
Role / Relationship	Role / Relationship
Phone	Phone
Email	Email
Address	Address
Notes	Notes

Friends

FRIEND	FRIEND			
Full Name	Full Name			
Role / Relationship	Role / Relationship			
Phone	Phone			
Email	Email			
Address	Address			
Notes	Notes			

Child's Medical History

Prepared For (Name):				
DIAGNOSES	MEDICATIONS			
DIAGNOSES	MEDICATIONS			

Medical History

KEY INFORMATION	ALLERGIES & IMMUNIZATIONS
Blood Type	Allergies
Surgeries / Treatment History	
	Immunizations

Medical History

i Fievious veis	sion (include	iast uate _j		
ALTH AND AB RENT AND PR			COMMUNICATE,	AS

Educational History

EDUCATI	ONAL HISTORY	/		
C -l 1/-\ A		d-4\		
School(s) A	ttended (include	dates)		
Learnings ,			 	
 Vocational	 Training (if appli		 	
	O . 11	· 		
·		_	 	

Work History

	Name(s):
	ared For (Name):
f mo	dified from Previous version (include last date):
WC	RK HISTORY
Wor	k or Volunteer positions my child has held (if applicable):
Wor	k or Volunteer Aspirations for the Future:

Daily Life

	e(s):			
Prepared	For (Name):			
f modifie	d from Previous ve	rsion (include last	date):	
		·	` <u> </u>	
WHAT [OES A TYPICAL D	AY LOOK LIKE?		
Routines				
Diet				

Daily Life

	ili Previous ve	rsion (includ	e last date): _	
WHAT DOE	S A TYPICAL D	AY LOOK LI	KE?	
Behavior				
Social & Recre	ational Activitie			
Other				

Supports & Financial Information

Include any insurance, financial support, including private assets and income. If there is required reporting or recertification, include that history and key dates.

INSURANCE / FINANCIAL INFORMATION / SOFT ON IS
List all private insurance including description, contact information, coverage received (attach related documentation)
List all assets or income (including company and contact information) / list any trusts benefiting the individual (attach trusts)

Supports & Financial Information

Include any public benefits such as SSI or Medicaid, and any community programs/services. If there is required reporting or recertification, include that history and key dates.

PUBLIC BENEFITS / SUPPORTS

Government Benefits: List type of benefit (Medicaid, Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), or Medicare) and attach current award
letter with eligibility requirements.

Family Story (applicable for children)

Share your child's and family's story. What makes him/her special? What are key strengths and challenges? What does your child love to do? What makes him/her laugh? What are his/her fears or concerns? Describe the family dynamic and share key personal details – favorite traditions, stories, or games.

FAMILY STORY

Plans & Wishes for the Future (applicable for children)

When you and your child envision your child's future, what does it look like?

Where will she/he live? What will relationships look like?

What about work or leisure activities?

What support will be needed at different stages of life?

PLANS & WISHES