

SAMPLE Letter of Intent

Letters of intent are pivotal in future planning and are invaluable in administrating a trust. A Letter of Intent ensures the trustee knows the abilities, limitations, likes, dislikes, interests, routines, history, future, hopes and dreams of the beneficiary. Understanding the details of the lives of people with disabilities is extremely beneficial to ensure that the person is getting the best quality of life while remaining safe in their chosen environment.

Letters of Intent for a special needs trust will have details of the individuals lives. They are all as unique as the individual for whom the special needs trust is created. It is very important to add the things that may be useful when helping the individual navigate life or making distribution decisions. Below is a list of items that are great to include in a good Letter of Intent. This list is not exhaustive of all things that may be included as each individual is different and has different needs. Everything on this list will not be applicable to all situations, but is an outline of information that is useful for Trustees and others to have.

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1. Who is writing the Letter of Intent and for what purpose
 - a. Name
 - b. Relationship to the Beneficiary
 - c. Details of the relationship
2. Personal Information about the Beneficiary
 - a. Name (including nicknames)
 - b. DOB
 - c. Phone Number
 - d. Email
 - e. Marital/Relationship Status and details about that or past relationships that are of note. (ie. married, engaged for 5 years, long term relationship, gets engaged/married often, sexual preference if any, falls in love quickly, changes partners often)
3. Living Situation
 - a. Current address
 - b. Describe the individual's current living situation.
 - i. Is it a group home? Do they live in their own apartment? Are they transient or don't stay places long? Do they have roommates? How many roommates? Do they have options of places to stay?
 - c. Length of Time
 - d. Is this a stable environment for them?
 - e. Do they enjoy their current living situation or do they have dreams or plans to move?
 - f. Are they a flight risk or have a tendency to leave their living situation?
 - g. What is your preference for their living situation?
 - h. If they are living with you, what is the plan for their future living situation? Provide details and contact information.
 - i. Who or how is the current living situation being funded?
 - j. Any additional information that may be useful about the individual and their current or past living situations.
4. Education
 - a. Education history
 - i. Are they still in school? Did the individual graduated high school? Get their GED? Continue on to college? Took college classes but has not completed a degree? Has a bachelors/masters/PhD?
 - b. If the individual is in school
 - i. Are they still a minor? What is your preference for their schooling?
 - ii. Do they have plans for a degree? Do they enjoy school and plan to continue their education? Do they start down a career path and change their mind? Is school important to them? Are they a career student?
 - c. What school(s) did/do they attend?

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- i. Names
 - ii. Addresses
 - iii. Phone
 - iv. Email
5. Family Information
 - a. Family Members in the life of the individual
 - i. Parents/Step-Parents
 1. Marital Status/History of parents relationships
 - ii. Siblings/Half or Step-siblings
 1. Outline relationship to the individual, including the parents of the sibling
 2. Describe relationship between the individual and the sibling.
 - iii. Extended Family (grandparents, aunts, uncles, cousins)
 - iv. People who are like family (close friends who are a regular part of their life)
 - b. Our families belongs to this religion/belief system
 - c. Important traditions, holidays, birthdays or past times and how they are celebrated.
 - d. Families strengths
 - e. Families challenges
 - f. Family situations that may be problematic
 - g. Family members who may be problematic
6. Legal Decisions
 - a. The individual is responsible for his/her own legal decisions
 - b. The individual has someone help him/her make decisions (Supported Decision Making or other support)
 - c. Powers of attorney
 - d. Health Care decision maker
 - e. Beliefs around guardianship
 - f. The individual has a guardian(s) or may need a guardian (minor)
 - i. Guardian of the person
 1. Name
 - a. Contact Information
 2. Attorney Involved
 3. Case Number
 4. Successor GOP?
 - a. Contact Information
 - ii. Guardian of the Estate
 1. Name
 - a. Contact Information
 2. Attorney Involved
 - a. Contact Information
 3. Case Number
 4. Successor GOE?

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a. Contact Information

- iii. Who should be the Guardian and who should be excluded from Guardianship? Is there a Written Declaration of Guardian (Tex. Estates Code Chap.1104)?

7. Financial Information

- a. Who is responsible for handling money and finances?
 - i. Is the individual capable of managing money?
 - ii. Is there someone who assists in financial decisions
 - 1. Is it an informal relationship or a legally binding relationship?
 - iii. The individual needs someone to handle their finances
 - 1. How liberal should distributions be or what limits should be imposed? For example, don't give them more than \$20 at a time
- b. Bank Accounts
 - i. Who has access or are listed as co-signers?
- c. Property
 - i. Is there any real or personal property that we should be aware of?
 - ii. Who pays taxes or other costs associated with this property?
- d. Vehicle
 - i. Year, make, model
 - ii. Insurance coverage? Who pays?
 - iii. Who paid for the vehicle? When?
- e. Representative Payee
 - i. Contact Information

8. Professional Information

- a. Contact information for professionals in your loved one's life
 - i. Case worker and/or support staff
 - ii. Teacher or former teachers
 - iii. Your family's attorney (if you have one)
 - iv. Primary care doctor, specialists, therapists, pharmacists, and mental health professionals
 - v. Trustee, representative payee, financial planner, and/or insurance agent
 - vi. Trusted clergy or spiritual advisors

9. Medical History

- a. This section may be extremely detailed, depending on the beneficiary's needs. Tailor this to the beneficiary's medical needs or experiences.
- b. Diagnosis
 - i. Include information about specific historical concerns such as seizures or reoccurring situations like infections or illnesses.
- c. Insurance or other medical coverage
 - i. Does the individual have Medicare?
 - ii. Does the individual have Medicaid? If yes, what program benefit(s)?
 - iii. Does the individual have private insurance?

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- iv. Who pays for any insurance?
- d. Doctors
 - i. Contact information for all doctors and their specialty
- e. Procedures or Operations
 - i. Does the individual visit anyone for regular procedures or operations?
 - ii. How is this currently being funded?
- f. Daily Medical or other assistance
 - i. Does the individual need assistance completing activities of daily living?
 - 1. The individual can do these things: [list activities]
 - 2. The individual needs help doing these things: [circle the activity]
 - a. Showering, dressing, eating/preparing food, transferring, toileting, walking or moving around?
 - ii. Does the individual need assistance with instrumental activities of daily living?
 - 1. The individual can do these things: [list activities]
 - 2. The individual needs help doing these things: [circle the activity]
 - a. Using the phone, shopping, preparing food, housekeeping, laundry, transportation, medication, finances
- g. Other physical needs
 - i. Are there particular things we should know about the person's mobility, vision, hearing, speech or other physical needs?
 - 1. Do they use any durable medical or other equipment?
 - 2. Are there things that need regular replacement and are not covered by Medicaid/Insurance
- h. Assistive Device or Technology
 - i. What assistive technology does the individual use?
 - ii. What do they use it for? Communication, reading, writing, mobility, transportation?
 - iii. When was it last purchased?
 - iv. When is it eligible for replacement?
- i. Mental Health
 - i. Are there things we need to know about the individual's mental health?
 - ii. If the individual has a mental health crisis, what characteristic may be demonstrated? (spends outrageously, calls incessantly, becomes depressed, attempts to harm themselves, becomes uncharacteristically upset)
 - iii. Does the individual take particular medications?
 - iv. Do they tend to stay on their medication?

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- v. Doctor names and contact information
 - j. Therapy
 - i. Describe the types of therapy the individual uses (physical, speech, occupational, massage, equine etc.)
 - ii. Therapist names and contact information
 - iii. Is this covered by insurance or Medicaid?
 - iv. Who currently pays for these therapies?
 - v. Is this something that is important to continue?
 - k. Dental History
 - i. Dentist Contact Information
 - ii. Do they often need dental care?
 - iii. Have they had major dental work or do they likely need major dental work? (root canals, crowns, bridges, dentures etc.)
 - l. Nutrition & Fitness
 - i. Does the individual have a special diet?
 - ii. Is there additional costs and who covers those costs?
 - m. Final Medical wishes
 - i. Advanced directive, living will, do not resuscitate order
10. Likes and Dislikes
- a. Likes
 - b. Dislikes
 - c. Places to visit
 - i. Ie. Movies, grocery store, a particular restaurant, a vacation spot
 - d. Vacation
 - i. How often? To where? With whom? Who plans? How long?
 - e. Likes to spend time with [list names and contact information]
 - f. Important Events or Special Dates
 - i. Birthdays, holidays, annual events
 - g. What the individual does for fun
 - h. Things they would like to do in the future
 - i. Other
11. Routines
- a. What does each day look like?
 - i. Employment, recreation, medical, religious
 - ii. Ie: Personal trainer on Wednesdays, bowling on Fridays and Church on Sundays
 - b. What does each season bring?
 - i. Sports? Events? Places to visit?
12. Employment or Volunteerism
- a. Current employment
 - i. Contact information
 - ii. Schedule
 - iii. Information about the job that is important to know
 - b. Job Coach or other employment services

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13. Religion

- a. Membership in a church, synagogue, mosque or other religious organization
- b. What particular tenants of the religion are important
 - i. le. Keeps kosher, doesn't eat beef, doesn't eat pork, particular holiday celebrations, does not celebrate birthdays
- c. Clergy who are familiar with the individual, contact information
- d. How often does the individual participate in services or other activities

14. Emergencies

- a. Who to contact
 - i. Name
 - ii. Relationship
 - iii. Contact Information
- b. How does the individual react? (Do they hate loud noises, bright lights, strobe/flashing lights, first responders?)
- c. How can they be supported in an emergency

15. Final Arrangements

- a. What, if any funeral arrangements have been made? Have they been paid for? Is there a contract? What company? What is covered in this arrangement?
- b. If no arrangements have been made, what preferences are there? Should there be a service? If cremation is recommended, where should be remains go?