

# BROWNING & MEYER CO., LPA

*A Legal Professional Association*

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## LETTER OF INTENT INFORMATION

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

### Section One: Personal Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

State of Ohio ID: \_\_\_\_\_ Yes \_\_\_\_\_ No

Close Family Members: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Close Friends: \_\_\_\_\_

\_\_\_\_\_

Section Two: Current Living Situation

Currently, \_\_\_\_\_ lives . . .

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Important information about current living situation:

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Section Three: Future Living Situation

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

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\_\_\_\_\_ would like to live with:

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

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

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\_\_\_\_\_ can do the following household tasks for himself/herself:

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Important information when considering future living situation for \_\_\_\_\_:

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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:

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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):

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Section Five: Financial Information

SSI \_\_\_\_\_ Current Amount: \_\_\_\_\_ Medicaid: \_\_\_\_\_

SSDI \_\_\_\_\_ Current Amount: \_\_\_\_\_ Medicare: \_\_\_\_\_

Adult Home Help: \_\_\_\_\_ Current Amount: \_\_\_\_\_

FIA Caseworker: \_\_\_\_\_  
(Name and contact information)

Other Health Insurance: \_\_\_\_\_

ID number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Banking

Bank/Credit Union Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person/Phone: \_\_\_\_\_

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: \_\_\_\_\_

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Section Seven: Medical/Emergency Information

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dentist:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Specialists:

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Allergies:

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Vision:

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Hearing:

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Seizures:

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Seizure Medications:

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Therapist/Counselor/Psychologist/Psychiatrist:

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

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Past Operations/Conditions:

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Other Important Medical Information:

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

Comments:

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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 \_\_\_\_\_ :

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\_\_\_\_\_ currently has a transition plan:

\_\_\_\_\_ Yes \_\_\_\_\_ No

Important information regarding transition planning for \_\_\_\_\_ :

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Section Nine: Employment

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

\_\_\_\_\_ Yes \_\_\_\_\_ No

Important information regarding future community employment opportunities:

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Section Ten: Personal Possessions

\_\_\_\_\_ owns the following items: (i.e. home, care, collections, TV, VCR, stereo, CDs, tapes, etc)

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Section Eleven: Personal Care

\_\_\_\_\_ appreciates assistance with the following personal care tasks:

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\_\_\_\_\_ is able to do the following personal care tasks alone:

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

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\_\_\_\_\_ is used to the following personal care routine:

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Section Twelve: Food and Eating

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

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

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\_\_\_\_\_ likes the following foods:

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\_\_\_\_\_ dislikes the following foods:

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Special information regarding food and \_\_\_\_\_ :

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Section Thirteen: Leisure and Recreation

\_\_\_\_\_ likes the following leisure/recreation activities:

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\_\_\_\_\_ dislikes the following leisure/recreation activities:

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Favorite activities/places to go:

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Favorite friends to go with: (include phone number)

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Vacations:

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Fitness/exercise programs or activities:

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Section Fourteen: Special Interests/Abilities

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Section Fifteen: Religion

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

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Funeral Arrangements:

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Special information regarding religion:

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Section Sixteen: Family Culture

Our family is: \_\_\_\_\_close \_\_\_\_\_not close

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

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Our family celebrates events by . . .

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Other important cultural/ethnic information:

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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:

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Section Twenty: Communication:

\_\_\_\_\_ uses speech to communicate. \_\_\_\_\_ Yes \_\_\_\_\_ No

Special information about \_\_\_\_\_'s speech

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\_\_\_\_\_ does not use speech to communicate. \_\_\_\_\_ Yes \_\_\_\_\_ No

Please see pages 16 and 17

Section Twenty One: Other information

Other information that you would like to add about \_\_\_\_\_:

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\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date Updated

**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
<p>(EXAMPLE)</p> <p>It's time to get up (if not already awake)</p>	<p>Knock on his bedroom door and then open it.</p>	<p>Continue his morning routine.</p>