



**LETTER OF INTENT WORKSHEET**

TO WHOM IT MAY CONCERN:

*The following information is to be used by relatives, guardians, concerned professionals, and friends when I am no longer able to actively advocate for, and on behalf \_\_\_\_\_.*

PARENTS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*For each applicable area below, list options to guide future caregivers and advocates in decision making and interaction with your child. This information will be used to write your Letter of Intent.*

**CURRENT CARE STRUCTURE:**

Who, or what agency, is Responsible for: DAY PROGRAM: \_\_\_\_\_

RESIDENTIAL: \_\_\_\_\_

**POINTS OF CONTACTS:** When you are no longer here, who should be consulted by those making decisions for your son or daughter?

Advocate: By Their Side, Inc., 443-279-1234 info@bytheirsidē.org

Guardian or Sibling: \_\_\_\_\_

Trustee of Discretionary Funds: \_\_\_\_\_

Attorney: \_\_\_\_\_

Service Coordinator: \_\_\_\_\_

Rep Payee for Social Security: \_\_\_\_\_

Nursing/Medical Consultant: \_\_\_\_\_

Bookkeeper: \_\_\_\_\_

Companion/Assistant: \_\_\_\_\_

**FINANCIAL:** Describe financial resources: DDA Funding for day \_\_\_\_\_ for residential \_\_\_\_\_  
Social Security \_\_\_\_\_ (SSI, SSDI, SSA)  
Special Needs Trust \_\_\_\_\_  
Other \_\_\_\_\_

Who is the Representative Payee for Social Security? \_\_\_\_\_

Medical insurance and policy numbers \_\_\_\_\_

Bank accounts and numbers \_\_\_\_\_

Burial Policy and location \_\_\_\_\_

**RESIDENTIAL:** Identify residential program if any and level of service provided (24 hr supervision, awake overnight, drop in support x hrs/day) \_\_\_\_\_

Contact person \_\_\_\_\_

Particular concerns that an advocate should monitor: \_\_\_\_\_

For example

- (1) Your relative's satisfaction with home, housemates, and staff
  - (2) Your relative's appearance – cleanliness, appropriate attire, nails, etc.
  - (3) Frequency of outings; do outings reflect your relative's preferences?
  - (4) Review of medical file to assure services are up to date
  - (5) Condition of home; safety of neighborhood
  - (6) The appearance and condition of personal belongings, bedroom, bathroom, living areas.
  - (7) Are preferred foods served?
  - (8) Purchases to reflect needs or preferences?
  - (9) Other \_\_\_\_\_
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**PERSONAL NEEDS:**

How often are haircuts needed? \_\_\_\_\_

Nail care? \_\_\_\_\_

Who will inventory clothing needs? \_\_\_\_\_ How often? \_\_\_\_\_

Describe specialized items preferred, ie. shoes with velcro, specific types of shirts, etc  
Are specialized vendors preferred?

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**RELIGION:** Describe your relative's religious preferences \_\_\_\_\_

Name and address of preferred place of worship: \_\_\_\_\_

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Who will provide transportation? \_\_\_\_\_

Have funeral arrangements been made? \_\_\_\_\_ Has it been pre-paid? \_\_\_\_\_

If so, where is the documentation kept? \_\_\_\_\_

Do you have special instructions  
for funeral arrangements?

Flowers: \_\_\_\_\_

Music: \_\_\_\_\_

Readings: \_\_\_\_\_

Cremation: \_\_\_\_\_

Organ Donation: \_\_\_\_\_

Other: \_\_\_\_\_

**RECREATION:** What favorite activities would your relative like to continue in the future (such as sports events, bowling league, shopping, going out to dinner, movies)? How often each month? Where?

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Should arrangements be made for visits to relatives or friends of the family during the year?

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Should an annual vacation be taken each year? Make suggestions regarding types of vacation plans.

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**DAY ACTIVITY/EMPLOYMENT** Identify current day activity and level of support provided (activity center, vocational program, contract work, supported or competitive employment)

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Contact person \_\_\_\_\_

Particular concerns that an advocate should monitor \_\_\_\_\_

For example:

- (1) Individual satisfaction with job/activity and setting;
- (2) Productivity; match with the individual's ability;
- (3) Interaction with staff and co-workers
- (4) How behavior challenges are responded to by staff.
- (5) Indication of cooperation and communication between day and residential programs.
- (6) Other \_\_\_\_\_

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**MEDICAL CARE:** Current healthcare needs: \_\_\_\_\_

Health-related monitoring needs \_\_\_\_\_

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Who is responsible for coordinating medical care? \_\_\_\_\_

**ROLE OF THE TRUSTEE:** The Trustee will conserve and manage Trust Fund assets, and withdraw from that fund to meet expenses incurred commensurate with the intentions defined by the Trust Fund documents. Such expenses include the following recommendations offered by the client's parents: (Select/modify)

- (1) Engage a paid companion for outings or church \_\_\_\_\_ times per month.
- (2) Provide for additional clothing
- (3) Provide funds for additional vacation and recreational activities.
- (4) Provide funds for furnishings in client's room as needed.
- (5) Engage By Their Side to provide professional advocacy and guidance to the Trustee as stipulated below.

**ROLE OF BY THEIR SIDE:** It is our wish that By Their Side be contracted to provide intervention \_\_\_\_\_ times each year. The intervention should include:

- (1) Attendance at the annual team meeting.
- (2) Make \_\_\_\_\_ visit(s) each year to residence. During visits, By Their Side should evaluate satisfaction with services and needs, inventory clothing, check to see if anything is needed for bedroom, and communicate with client regarding wishes for vacations and recreational events. By Their Side should report the visits to the Trustee for additional follow up.
- (3) Make \_\_\_\_\_ visit(s) each year to day program.
- (4) Make \_\_\_\_\_ monitoring phone calls/year to follow up on identified concerns.
- (5) By Their Side will be available as a resource for the Trustee and/or other family members.