



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?

RELIGION: Describe your relative's religious preferences _____

Name and address of preferred place of worship: _____

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?

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

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

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

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 _____

MEDICAL CARE: Current healthcare needs: _____

Health-related monitoring needs _____

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.