

LETTER OF INTENT FOR _____

Prepared Date _____ Prepared By _____

Full Name _____

Nickname _____

Address _____

City _____

State _____ Zip Code _____

Phone _____

Mobile _____

E-Mail Address _____

Date of Birth _____

Social Security Number _____



Ezekiel "Zeke" Zimmerman
MBA, CLTC
917-374-6137
zeke_zimmerman@cfsllc.com



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LETTER OF INTENT FOR _____

INVOLVED PARTIES

FULL NAME OF PARENT/GUARDIAN 1 _____

Address _____

Phone _____ Mobile _____

E-Mail Address _____

Relationship to Person of Intent _____

FULL NAME OF PARENT/GUARDIAN 2 _____

Address _____

Phone _____ Mobile _____

E-Mail Address _____

Relationship to Person of Intent _____

FULL NAME OF SUCCESSOR GUARDIAN _____

Address _____

Phone _____ Mobile _____

E-Mail Address _____

Relationship to Person of Intent _____

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LETTER OF INTENT FOR _____

FULL NAME OF FAMILY MEMBER _____

Address _____

Phone _____ Mobile _____

E-Mail Address _____

Relationship to Person of Intent _____

FULL NAME OF FAMILY MEMBER _____

Address _____

Phone _____ Mobile _____

E-Mail Address _____

Relationship to Person of Intent _____

FULL NAME OF FAMILY MEMBER _____

Address _____

Phone _____ Mobile _____

E-Mail Address _____

Relationship to Person of Intent _____

FULL NAME OF FRIEND _____

Address _____

Phone _____ Mobile _____

E-Mail Address _____

Relationship to Person of Intent _____

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LETTER OF INTENT FOR _____

FULL NAME OF FRIEND _____

Address _____

Phone _____ Mobile _____

E-Mail Address _____

Relationship to Person of Intent _____

FULL NAME OF FRIEND _____

Address _____

Phone _____ Mobile _____

E-Mail Address _____

Relationship to Person of Intent _____

Please use supplemental attachments to list additional family, friends, and successor guardians

PET/SERVICE ANIMAL NAME/BREED _____

Who cares for animal? _____

Veterinarian Name/Office _____

Address _____

Phone _____ E-Mail Address _____

Describe how the Individual relates to this animal _____

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LETTER OF INTENT FOR _____

RELIGIOUS PREFERENCE/PLACE OF WORSHIP _____

Address _____

Phone _____ E-Mail Address _____

Contact Person _____

Services Attended or Involvement _____

Describe how the Individual relates to this part of their life _____

SCHOOL/DAY PROGRAM NAME _____

School Setting/Program Type _____

Case Manager Name/Affiliation _____

Address _____

Phone _____ E-Mail Address _____

Services Provided _____

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LETTER OF INTENT FOR _____

LEGAL AND FINANCIAL SERVICES

FULL NAME OF TRUSTEE 1 (or Contact Person, if Corporate Trustee) _____

Address _____

Phone _____ Mobile _____

E-Mail Address _____

Relationship to Person of Intent _____

FULL NAME OF TRUSTEE 2 (or Contact Person, if Corporate Trustee) _____

Address _____

Phone _____ Mobile _____

E-Mail Address _____

Relationship to Person of Intent _____

ADVOCATE NAME/OFFICE _____

Address _____

Phone _____ Mobile _____

E-Mail Address _____

Services Provided _____

Rate Charged/Payment Arrangements _____

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LETTER OF INTENT FOR _____

LAWYER NAME/OFFICE _____

Address _____

Phone _____ Mobile _____

E-Mail Address _____

Services Provided _____

Rate Charged/Payment Arrangements _____

FINANCIAL ADVISOR NAME/OFFICE _____

Address _____

Phone _____ Mobile _____

E-Mail Address _____

Services Provided _____

Rate Charged/Payment Arrangements _____

ACCOUNTANT NAME/OFFICE _____

Address _____

Phone _____ Mobile _____

E-Mail Address _____

Services Provided _____

Rate Charged/Payment Arrangements _____

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LETTER OF INTENT FOR _____

SOCIAL SECURITY OFFICE _____

Address _____

Contact Person/Title _____

Phone _____ E-Mail Address _____

Monthly Amount of Supplemental Security Income _____ Directly Deposited: YES NO

Bank Information (if Directly Deposited) _____

Monthly Amount of Social Security Disability Insurance _____ Directly Deposited: YES NO

Under Whose Coverage? (Mother, Father, Individual/Child) _____

Representative Payee Information _____

Please use supplemental attachments to list additional financial & legal contacts, including successor trustees

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LETTER OF INTENT FOR _____

PROVIDERS – CURRENT PHYSICIANS, THERAPISTS, AND SPECIALISTS

PRIMARY MEDICAL DOCTOR _____

Address _____

Phone _____ E-Mail Address _____

Special Accommodations/Instructions _____

Frequency of Visits/Additional Information _____

DENTIST _____

Address _____

Phone _____ E-Mail Address _____

Special Accommodations/Instructions _____

Frequency of Visits/Additional Information _____

SPECIALIST PROVIDER NAME _____ **AGENCY** _____

Address _____

Phone _____ Mobile _____

E-Mail Address _____

Services Provided _____

Frequency of Visits/Additional Information _____

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LETTER OF INTENT FOR _____

MEDICAL INFORMATION

MEDICARE NUMBER (if applicable) _____

MEDICAID NUMBER (if applicable) _____

Date of Effective Coverage _____ Monthly Co-Pay Amount _____

PRIVATE MEDICAL INSURANCE CARRIER _____

Address _____

Phone _____ Fax _____

Type of Coverage _____

Policy Number _____ Group Number _____

DENTAL INSURANCE CARRIER (if applicable) _____

Address _____

Phone _____ Fax _____

Type of Coverage _____

Policy Number _____ Group Number _____

VISION INSURANCE CARRIER (if applicable) _____

Address _____

Phone _____ Fax _____

Type of Coverage _____

Policy Number _____ Group Number _____

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LETTER OF INTENT FOR _____

PRESCRIPTION INSURANCE CARRIER _____

Address _____

Phone _____ Fax _____

Policy Number _____ Group Number _____

PREFERRED HOSPITAL _____

Address _____

Phone _____ Fax _____

Special Instructions _____

PREFERRED PHARMACY _____

Address _____

Phone _____ Fax _____

E-Mail Address _____

Special Instructions _____

DESCRIBE MEDICAL CONDITIONS/DIAGNOSIS (Medical, Developmental, Physical, Psychiatric, etc.) _____

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LETTER OF INTENT FOR _____

CURRENT HEALTH CONCERNS _____

HISTORY OF HOSPITALIZATIONS (Dates, Locations, Reasons, Durations, Follow-Up Care, etc.) _____

LIST OF PRESCRIPTION MEDICATIONS (include dosage, purpose, time taken) _____

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LETTER OF INTENT FOR _____

LIST OF NON-PRESCRIPTION MEDICATIONS (including vitamins, supplements, etc and benefits received) _____

DESCRIBE ANY SPECIAL ASSISTANCE NEEDED FOR TAKING MEDICATIONS OR TREATMENTS _____

LIST OF MEDICAL OR ADAPTIVE EQUIPMENT/SUPPLIES _____

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LETTER OF INTENT FOR _____

GENERAL DAILY ROUTINES AND ACTIVITIES

WAKE UP _____

MORNING _____

AFTERNOON _____

EVENING _____

BEDTIME _____

SLEEPING HABITS _____

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DESCRIBE THE MOST IMPORTANT PARTS OF THE ABOVE ROUTINES FOR THE INDIVIDUAL, AND WHY _____

TEMPERMENT REGARDING TRANSITIONS AND CHANGES IN ROUTINE (and guidance on how best to handle changes in their routines) _____

PERSONAL CARE (What are the individual’s personal care habits, and what do they require support with?) _____

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LETTER OF INTENT FOR _____

DESCRIBE ANY ADDITIONAL SUPPORT NEEDED, IF ANY, FOR THE FOLLOWING AREAS:

MEAL PREPARATION _____

EATING _____

DRESSING _____

BATHING _____

HYGIENE _____

HAIR CARE _____

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LETTER OF INTENT FOR _____

SHAVING _____

TOILETING _____

GENERAL CLEANLINESS OR NEATNESS _____

OTHER _____

SPECIAL DIETARY NEEDS/RESTRICTIONS _____

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LETTER OF INTENT FOR _____

WHAT IS MOST IMPORTANT TO THE INDIVIDUAL ABOUT THEIR MEALTIMES AND DIETARY NEEDS? _____

WHAT IS MOST IMPORTANT TO YOU ABOUT THE INDIVIDUAL’S MEALTIMES AND DIETARY NEEDS? _____

CHORES/RESPONSIBILITIES (Describe any chores or housework the individual does, what chores they prefer and/or dislike the most, how frequently they do the chore, how long they are able to do the chore for, and any assistance or support needed to complete those chores) _____

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LETTER OF INTENT FOR _____

PERSONAL CHARACTERISTICS

IMPORTANT PHYSICAL CHARACTERISTICS _____

CLOTHING SIZES/PREFERENCE

Shoes _____

Coat _____

Pants _____

Gloves _____

Shirt or Blouse _____

Underwear _____

Skirt or Dress _____

Belt _____

Other _____

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LETTER OF INTENT FOR _____

DESCRIBE IN GENERAL TERMS WHAT LIVING WITH THE INDIVIDUAL IS LIKE _____

GENERAL CHARACTERISTICS AND PERSONALITY _____

ABILITIES/AREAS OF STRENGTH _____

CHALLENGES/LIMITATIONS _____

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LETTER OF INTENT FOR _____

ABILITIES AND SKILLS IN READING AND WRITING _____

ABILITIES AND SKILLS IN MATH AND MONEY SKILLS _____

SENSORY NEEDS/CONCERNS (And guidance for how best to handle sensory-related issues or challenges) _____

GENERAL PREFERENCES (Likes and Dislikes) _____

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LETTER OF INTENT FOR _____

INDEPENDENCE (How independent is the individual now, and how much do they typically prefer to do by themselves independently?) _____

FAVORITE FOODS/RESTAURANTS _____

FAVORITE TV SHOWS/MOVIES/BOOKS/WEBSITES _____

FAVORITE ACTIVITIES AND INTERESTS _____

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LETTER OF INTENT FOR _____

ASSISTANCE/SUPPORT NEEDED WITH ANY AREAS OF INTEREST _____

FAVORITE PLACES TO GO _____

TRANSPORTATION/MOBILITY NEEDS _____

INTERACTION WITH FRIENDS AND FAMILY (Does the individual get along with those close to them? If not, explain and provide guidance on how to best handle those situations) _____

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INTERACTION WITH STRANGERS (Does the individual get along with shop clerks, people on the street, etc? If not, explain and provide guidance on how to best handle those situations) _____

INTERACTION WITH AUTHORITY FIGURES (Does the individual get along with teachers, police, etc? If not, explain and provide guidance on how to best handle those situations) _____

PREFERENCE FOR MALE OR FEMALE FRIENDS/ATTENDANTS? (Explain) _____

DISLIKES _____

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LETTER OF INTENT FOR _____

TRIGGERS (What situations or circumstances produce stress) _____

TEMPERMENT REGARDING STRESS (Explain any problems coping with stress and provide guidance on how to best handle those situations) _____

SAFETY CONCERNS (And any issues the individual has in being able to identify unsafe people or situations) _____

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LETTER OF INTENT FOR _____

HOPES, GOALS, AND EXPECTATIONS

DESCRIBE HOPES, GOALS, AND EXPECTATIONS THE INDIVIDUAL HAS FOR THEMSELVES _____

DESCRIBE HOPES, GOALS, AND EXPECTATIONS THE GUARDIANS/CAREGIVERS HAVE FOR THE INDIVIDUAL _____

WHAT IS YOUR VISION FOR THE INDIVIDUAL'S LIFE WITH YOU? _____

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LETTER OF INTENT FOR _____

WHAT IS YOUR VISION FOR THE INDIVIDUAL'S LIFE WITHOUT YOU? _____

WHAT IS YOUR VISION FOR THE POTENTIAL RELATIONSHIP OF ALL OF YOUR CHILDREN? _____

WHAT FAMILY TRADITIONS DO YOU WISH TO ALWAYS BE CONTINUED? _____

WHAT ACTIONS, CHANGES, OR ADDITIONAL SUPPORTS WOULD HELP THE INDIVIDUAL IN THE FUTURE? _____

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LETTER OF INTENT FOR _____

WHAT IS YOUR VISION FOR THE ROLE OF THE INDIVIDUAL'S FUTURE GUARDIANS/CARE TAKERS? WHAT DO YOU EXPECT OR WANT THEM TO DO OR BE ABLE TO DO FOR AND WITH THE INDIVIDUAL? _____

WHAT IS YOUR VISION FOR THE ROLE OF THE INDIVIDUAL'S FUTURE TRUSTEES? HOW DO YOU EXPECT OR WANT THEM TO MAKE FINANCIAL DECISIONS ON BEHALF OF OR FOR THE BENEFIT OF THE INDIVIDUAL? _____

SPECIAL NEEDS TRUSTS/OTHER FAMILY TRUSTS (Provide Special Instructions for the trustees of your trusts with respect to management of the funds or how you want the funds to be used. If you desire that funds be earmarked for specific purposes, such as for a future residence, etc., you can indicate that as well.) _____

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LETTER OF INTENT FOR _____

ADDITIONAL INFORMATION

ADDITIONAL INFORMATION (What else would you like to share about the individual?) _____

ADDITIONAL INSTRUCTIONS (What else would you like to share with the future caregivers and trustees for the individual?) _____

LIST OF SUPPLEMENTAL ATTACHMENTS PROVIDED (Additional contact information, Calendars of activities/therapies, additional resources, etc.) _____

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