



This Letter of Intent is a vital roadmap for your child's future. It provides the personal, human context that legal documents — like trusts or wills — cannot capture. It will provide the person(s) who may be caring for your child in the future with information that will help ease transitions and maintain the quality of life you have created for them with your care and love.

When filling this out, consider it a "living document." Keep it with your estate planning papers and review it annually to ensure the details remain current.

### TIPS FOR SUCCESS

- **Be Specific:** Instead of "they like music," write "they love jazz and become calm when listening to [Artist Name]."
- **Use Attachments:** If you have photos of their daily routine, a list of their favorite "comfort objects," or a summary of their medical history, attach these as appendices.
- **Keep it Accessible:** Ensure your successor knows where this letter is kept.

### IN CASE OF EMERGENCY CONTACT

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

Relationship to Person with a Disability: \_\_\_\_\_

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

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

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

## Letter of Intent: Future Care

For: \_\_\_\_\_ Date: \_\_\_\_\_

To: Future Guardians, Trustees, and Caregivers

This letter is intended to serve as a guide for the care, happiness, and well-being of the person named above. It reflects my intimate knowledge of them and is provided to help you navigate their life, preferences, and needs when I am no longer able to do so.



**1. VITAL STATISTICS & IMPORTANT CONTACTS**

Full Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Height: \_\_\_\_\_

Favorite Colors: \_\_\_\_\_

**Medical / Insurance ID Numbers**

Medical: \_\_\_\_\_

Medicare: \_\_\_\_\_

Medicaid: \_\_\_\_\_

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

**Key Contacts (name, address, phone number)**

Primary Care Physician: \_\_\_\_\_

\_\_\_\_\_

Specialists: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Case Manager / Social Worker: \_\_\_\_\_

\_\_\_\_\_

Legal Counsel (Special Needs Trust): \_\_\_\_\_

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\_\_\_\_\_



2. DAILY ROUTINE & PREFERENCES

**Morning / Evening Routine** — describe waking habits, morning hygiene, bedtime rituals that provide comfort:

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**Dietary Needs / Preferences** — list allergies, favorite foods, textures preferred, any dietary restrictions:

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**Clothing / Sensory Needs** — note any sensitivities to fabrics, textures, or particular styles that make your child feel comfortable or anxious:

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**Unique Idiosyncrasies** — Are there specific rituals they perform? Do they have "comfort habits" (e.g., spinning an object, rhythmic tapping, specific phrases they repeat) that are essential to their emotional regulation?

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**Toys & Comfort Objects** — must-have items, security objects for sleeping or travel:

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**Environment Modifications** — list specific changes to a room or daily schedule that will make them feel safe:

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### 3. COMMUNICATION & BEHAVIORAL INSIGHTS

**How They Communicate** — explain if they use verbal speech, sign language, AAC devices, or specific body language cues:

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**Interpreting Needs** — describe what specific behaviors mean (e.g., "When they pace, they are feeling overwhelmed and need quiet time"):

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**De-escalation** — strategies that help when they are agitated or distressed; triggers to avoid:

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### 4. INTERESTS, SOCIAL NEEDS, & ENVIRONMENT

**What Brings Them Joy** — favorite activities, music, movies, special interests:

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**Social Life** — preferred frequency of interaction, specific friends or family members they value:

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**Sports & Movement** — activities they enjoy participating in or watching:

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**Ideal Living Environment** — noise level, social atmosphere, need for structure vs. flexibility:

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**Movies, Music & Media** — top favorite films, recurring music choices, engaging or soothing channels:

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**Community Events** — local events, parks, or community centers regularly visited they enjoy:

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5. MEDICAL & THERAPEUTIC HISTORY

Current Medications — name, dosage, time of day, purpose:

Horizontal lines for writing current medications.

Therapy Schedule — physical, occupational, speech therapy details:

Horizontal lines for writing therapy schedule details.

Health Challenges — ongoing health conditions and common symptoms to monitor:

Horizontal lines for writing health challenges.



**6. FINANCIAL & LEGAL INFORMATION**

**Government Benefits** — SSDI, SSI, Medicaid waivers, other benefits currently received:

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**Trust / Financial Arrangements** — name of trustee, location of Special Needs Trust or ABLE account documents:

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**Goals for Assets** — your intent for how funds should be used (e.g., specific hobbies, activities, quality-of-life priorities):

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