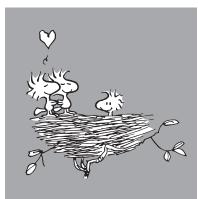
MetLife®



Letter of Intent

MetLife's Division of Estate Planning for Special Kids



The Letter of Intent

As part of the special needs estate planning process, a Letter of Intent should be completed. Although this is not a legally binding document it will be very helpful to assure that your child's future caregiver understands your wishes for your child. It will also quickly assist the caregiver in knowing all of your child's needs.

The information should be completed in as much detail as possible. Draw upon what you know about your child through observation and discussion with them. Document what you have learned and update the information regularly.

The following pages are not meant to cover every detail that will encompass your letter. Each of your children has different needs as we do for their future. This outline is meant as a general guide to follow.

DIAGNOSIS (list dates and sources)

MEDICAL INSURANCE POLICY INFORMATION (private and government programs — specify which type and policy numbers)

PHYSICIANS (list all physicians)		
Name:	Name:	
Address:	Address:	
City, State, Zip:	City, State, Zip:	
Phone:	Phone:	
Specialty:	Specialty:	
Date of Last Visit:	Date of Last Visit:	
Name:	Name:	
Address:	Address:	
City, State, Zip:	City, State, Zip:	
Phone:	Phone:	
Specialty:	Specialty:	
Date of Last Visit	Date of Last Visit:	

THERAPISTS

Name:	Name:
Address:	Address:
City, State, Zip:	City, State, Zip:
Phone:	Phone:
Specialty:	Specialty:
Date of Last Visit:	Date of Last Visit:
Name:	Name:
Address:	Address:
City, State, Zip:	City, State, Zip:
Phone:	Phone:
Specialty:	Specialty:
Date of Last Visit:	Date of Last Visit:
	Notes

Nurses (list name and additional medical equipment needed)

Name:	Name:		
Address:	Address:		
City, State, Zip:	City, State, Zip:		
Phone :	Phone:		
Specialty:	Specialty:		
Date of Last Visit:	Date of Last Visit:		
Type and cost of medical equipment needed:			
TESTING DONE (types, reasons, where and when, including genetic)			
Type of testing done:			
Location of test center:			
Date of testing:			
Results of testing:			
Type of testing done:			
Location of test center:			
Date of testing:			
Results of testing			

FEEDING AND NUTRITION (likes, dislikes, and other factors)

GENERAL MEDICAL HISTORY (past and current immunizations, allergies, operations, hospitalizations, childhood diseases, seizures — include how to recognize one and what to do about it)

PARENTS' FEELINGS ABOUT
Dating:
Birth Control:
Sex:
Marriage:
Religion:
Future Care:
HOUSING (specify preferences and detailed information on past, present, and future plans)
IEP/IFSP (attach copies of current educational or family service plan)
DAILY LIVING SKILLS (describe current skill level and where assistance is needed)
Money Management:
Cooking:
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Letter of Intent
Dressing:
Toileting:
Ability to travel independently:
SCHOOL/WORK (describe current situation and your thoughts for the future)
SOCIAL (list level of functioning, strengths, weaknesses, and preferences)
HOBBIES (list all interests including structured and unstructured recreation, exercise, vacation preferences, and absolute no-nos)
FUNERAL/BURIAL ARRANGEMENTS (list your preferences)
LIST CHILD'S FRIENDS/AIDES/HELPERS
FINANCIAL ARRANGEMENTS (disposition of insurance, property, investments, income)
OTHER FACTORS AND CONSIDERATIONS

IMPORTANT NAMES AND ADDRESSES

Guardian:	Executor/Will:
Address:	Address:
City, State, Zip:	City, State, Zip:
Phone:	Phone :
Trustee/Trust:	Advocate:
Address:	Address:
City, State, Zip:	City, State, Zip:
Phone:	Phone:
Financial Advisor/Conservator:	
Address:	
City, State, Zip:	Phone
Vocational Contact:	Gov't Benefit:
Address:	Address:
City, State, Zip:	City, State, Zip:
Phone:	Phone:
Caseworker:	School/Work Contact:
Address:	Address:
City, State, Zip:	City, State, Zip:
Phone	Dhone

ADDITIONAL CHILD-RELATED INFORMATION

Name:	Nickname:	
Date of Birth:	Place of Birth:	
Blood Type:	Gender:	
Social Security #:	Height/Weight:	
Clothing/Shoe Size:	Citizenship:	
Ancestry:	Religion:	
Languages Spoken:	Address:	
City, State, Zip:	Phone:	
Mother's Name:	Mother's Maiden Name:	
Father's Name:	Mother's Social Security #:	
Father's Social Security #:	Mother's Date of Birth:	
Father's Date of Birth:	Phone # if living elsewhere:	
Favorite Things (pets, toys, people, and hobbies):		
Complete Birth History and Developmental Milestones:		

ADDITIONAL CHILD-RELATED INFORMATION

Name:	Nickname:
Date of Birth:	Place of Birth:
Blood Type:	Gender:
Social Security #:	Height/Weight:
Clothing/Shoe Size:	Citizenship:
Ancestry:	Religion:
Languages Spoken:	Address:
City, State, Zip:	Phone:
Mother's Name:	Mother's Maiden Name:
Father's Name:	Mother's Social Security #:
Father's Social Security #:	Mother's Date of Birth:
Father's Date of Birth:	Phone # if living elsewhere:
Favorite Things (pets, toys, people, and hobbies):	
Complete Birth History and Developmental Mileston	es:

Notes

Neither MetLife nor any of its affiliates, employees, or representatives provide specific tax or legal advice. Please consult your attorney regarding your own personal situation.

Metropolitan Life Insurance Company

A MetLife Company 200 Park Avenue, New York, NY 10166

MetLife Securities, Inc. (Member FINRA/SIPC)

A MetLife Company 200 Park Avenue, New York, NY 10166

New England Securities Corp. (Member FINRA/SIPC)

A MetLife Company 501 Boylston Street, Boston, MA 02116

Tower Square Securities, Inc. (member FINRA/SIPC)

A MetLife Company One City Place, Hartford, CT 06103

Walnut Street Securities, Inc. (member FINRA/SIPC)

A MetLife Company 13045 Tesson Ferry Road, St. Louis, MO 63128



Metropolitan Life Insurance Company 200 Park Avenue New York, NY 10166 www.metlife.com