



**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.

**Letter of Intent**

**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**

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**Letter of Intent**

**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: \_\_\_\_\_

**Letter of Intent**

**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: \_\_\_\_\_

Bathing: \_\_\_\_\_

**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**

**Letter of Intent**

**IMPORTANT NAMES AND ADDRESSES**

**Guardian:** \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

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

**Executor/Will:** \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

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

**Trustee/Trust:** \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

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

**Advocate:** \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

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

**Financial Advisor/Conservator:** \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone \_\_\_\_\_

**Vocational Contact:** \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

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

**Gov't Benefit:** \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

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

**Caseworker:** \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

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

**School/Work Contact:** \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

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



**Letter of Intent**

**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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Letter of Intent**

**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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**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

**MetLife<sup>®</sup>**

**Metropolitan Life Insurance Company**  
200 Park Avenue  
New York, NY 10166  
[www.metlife.com](http://www.metlife.com)