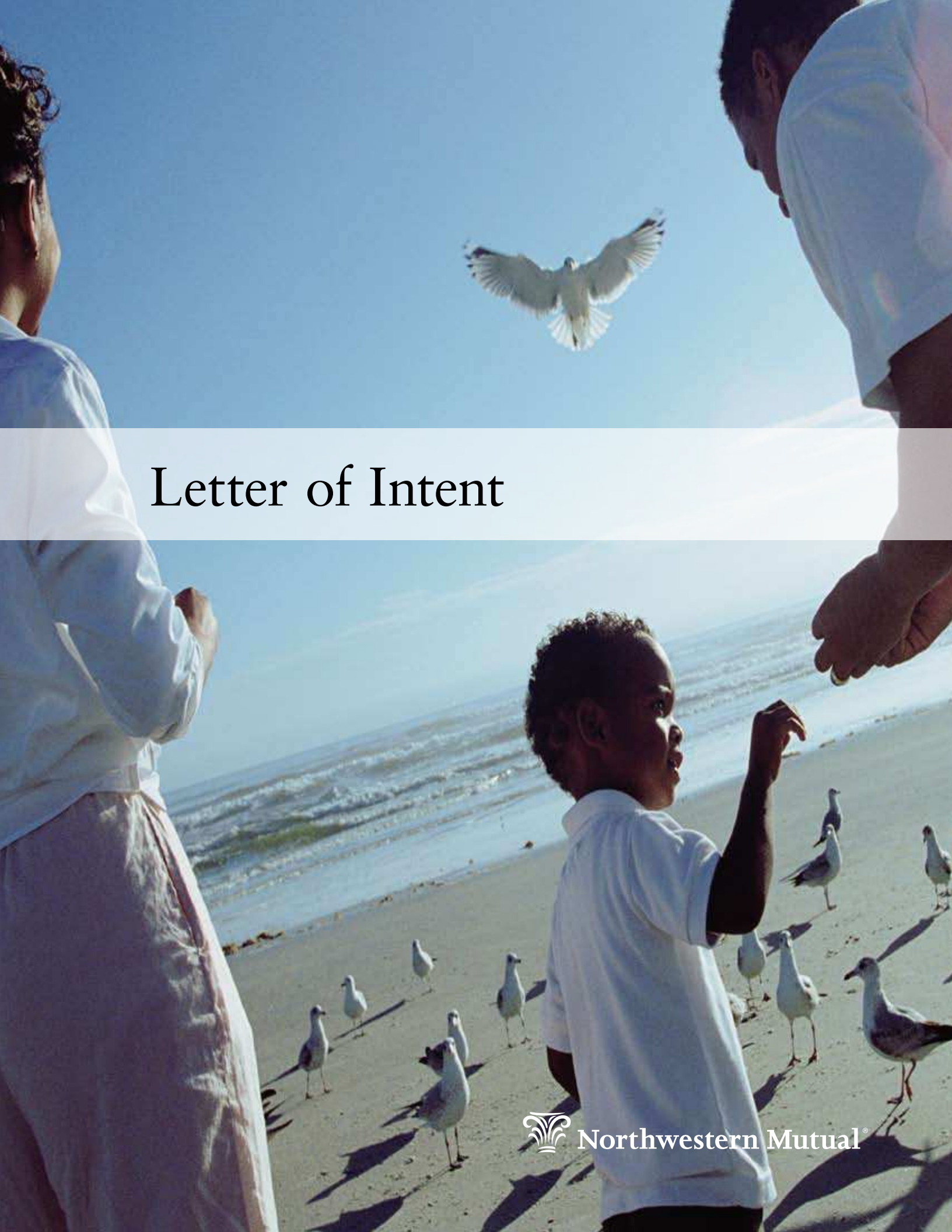

Letter of Intent

Northwestern Mutual®

Letter of Intent

The Letter of Intent is a personal roadmap that enables you to gather relevant information in one place and make clear your wishes and expectations to family members and others who will assume responsibility for your loved one's care when you no longer are able to do so. It is not a legal document, but it is an important one for letting your intentions and desires be known. This is a *living* document that should be reviewed and updated annually.

This outline is intended to serve as a general guide; customize this based on the needs of your loved one and your family. As well, consider supplementing this with a video, copies of individualized education plans (IEP), a Medicaid waiver application or other documents that would help someone who will be caring for your dependent.

Date completed _____ Last update _____

Name of dependent _____ Nickname _____ Social Security # _____

Date and place of birth _____

Mother's name _____ Father's name _____

Emergency contact _____
NAME ADDRESS CITY/STATE/ZIP PHONE NUMBER

MEDICAL INFORMATION AND BACKGROUND

Diagnosis and medical history _____

_____

_____

_____

_____

Physicians' names, specialities, phone numbers

Name _____ Primary Physician _____ Phone #_____

Name _____ Specialty _____ Phone #_____

Name _____ Specialty _____ Phone #_____

Name _____ Specialty _____ Phone #_____

Name _____ Specialty _____ Phone #_____

Name _____ Specialty _____ Phone #_____

Name _____ Specialty _____ Phone #_____

Name _____ Specialty _____ Phone #_____

Medications currently being taken and storage location

NAME/STORAGE LOCATION/PHARMACY	DOSAGE/WHEN & HOW TO ADMINISTER	PURPOSE/PRESCRIBER

ASSISTIVE/MOBILITY DEVICE	DATE AND PLACE OF PURCHASE	MAINTENANCE INFORMATION

Behavioral triggers, challenges and interventions _____

_____

_____

Current therapies (PT, OT, speech, etc.) _____

_____

_____

Potential emergency situations and instructions _____

_____

_____

Other relevant personal history _____

_____

_____

MEDICAL INSURANCE

PROVIDER	POLICY NO.	GROUP NO.	PLAN PARTICIPANT NAME	TYPE/LEVEL OF COVERAGE

DAILY LIVING

SKILLS AND ABILITIES

LEVEL OF ASSISTANCE	NO ASSISTANCE	SOME ASSISTANCE – DESCRIBE	DEPENDENT – DESCRIBE
Bathing			
Dressing			
Toileting			
Sleep Routines			
Travel			
Cooking			
Housekeeping			
Bill Paying/ Money Management			

Other Limitations/Comments _____

_____

_____

_____

NUTRITIONAL PROFILE

Food allergies/restrictions _____

Favorite foods _____

Size of food portions _____

Eating or swallowing problems _____

Outcome if restricted foods are consumed _____

_____

SLEEP HABITS

Bed time _____ Wake time _____ Favorite routines for going to sleep and/or waking up _____

_____

_____

ACTIVITIES

Education _____

_____

Work _____

_____

Exercise _____

_____

Habits _____

_____

Hobbies _____

_____

Other interests _____

_____

Social/recreational/religious activities _____

_____

Favorite things (places to visit, activities, people, pets) _____

_____

Dislikes _____

_____

Current daily schedule – please attach

VALUES AND GOALS

Your hopes and dreams for your child or dependent _____

_____

_____

Are there any specific traditions, beliefs or core values you would like to have carried on or reinforced? _____

_____

_____

Where and how would you like your child or dependent to live in the future? If your child or dependent could no longer live with you, would he or she be better off living in a group environment or independently? _____

_____

_____

Is there a transitional/vocational plan for when your dependent graduates from high school? Does he or she plan to attend college? _____

_____

What professional career, if any, would he or she like to pursue? _____

_____

IMPORTANT NAMES AND CONTACT INFORMATION

	NAME	ADDRESS	PHONE NUMBER
Legal guardian*			
Executor of will			
Trustee			
Co-trustee			
Advocate			
Insurance/financial representative			
Vocational expert			
Attorney			
Government benefits contact			
Caseworker			
School or work contact			
Current care providers			
Therapist Type:			
Therapist Type:			
Therapist Type:			
Aides			
Other helpers			
Social service organizations			

**If the dependent is a child and will not be considered legally competent as an adult, the parent or caretaker must apply for guardianship once the child reaches age 18 in order to remain the legal guardian.*

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