

LETTER OF INTENT

A Personal History and Future Planning Document

Prepared for:

Prepared by:

Date:

Copies given to:

[Use this space to insert a photo]

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INTRODUCTION

The most important asset your child has is YOU.

Think for a moment about the specific instructions or guidelines you give to your child or his or her caregiver when you leave for just an evening out or a weekend away. Imagine if you never came back. Certainly, you have an idea of what you would like your child's life to look like after your death. Your child's next caregiver, however, may not have the same ideas and insights as you. Your child's future trustees may not have the same values of money that you have. A Letter of Intent will guide your child's future caregivers in making the most appropriate life decisions for your child and will provide direction to your child's trustee in fulfilling his or her fiduciary responsibilities.

When we first began providing special needs planning for families in the early 1990s, the field of future planning for individuals with disabilities was virtually nonexistent. Our research in this area told us that parents should make a list of things for future caregivers to know about, which has developed into a Letter of Intent. Providing a long list of ideas to include in the Letter of Intent, however, did not motivate families to create their own Letter of Intent. When our initial Letter of Intent was created in 1995, it was designed to provide a user friendly format for parents to be able to simply fill in the blanks rather than try to follow a list of things to include in creating their own Letter of Intent. Over the years, we have made modifications based upon the input that we have received from families using our Letter of Intent to make it more comprehensive.

Many families need a catalyst to encourage them to begin the planning process. A Letter of Intent simplifies the planning process by initially asking basic biographic information and progresses to more thoughtful and provoking questions. Since developing the Five Factors of comprehensive special needs planning, we have reorganized the content based upon these key elements in planning for your child's future. By completing a Letter of Intent for your family member, you will begin to develop goals and objectives to assist you in the overall planning process. Ultimately, it will provide the details required for future caregivers to fulfill their expected roles based upon your desires and concerns.

No matter who you have entrusted to care for your child when you are gone—sibling, friend, relative, trustee, guardian, or organization—you can help guide that person by providing them the knowledge that only you, as a parent, possess. This is not a legally binding document, but it is still perhaps one of the most important documents you can prepare for the future well being of your child. This is an opportunity to leave a legacy of all that you have accomplished with your child.

You need to periodically review and revise this Letter of Intent, perhaps on your child's birthday, making certain to provide your child's future caregiver with an updated copy. As every child is unique, so should this document be unique. Feel free to expand where needed and omit areas that are not applicable. Be flexible, be clear, and feel free to make it as personal as you wish.

Best of luck!

John W. Nadworny
and
Cynthia R. Haddad

The Special Needs Planning Guide: How to Prepare for Every Stage of Your Child's Life

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EMOTIONAL FACTORS

The Emotional Factors section allows you to provide your personal vision that you have for your child's future. Taking time to express this vision will accomplish three goals: 1) it helps you to set personal goals for you to achieve for your child's future, 2) it helps future caregivers to better understand your child and your wishes, and 3) it will help future caregivers understand your expectations of their roles in your child's life.

When faced with the responsibility and the reality of their role in your child's life, the future caregiver(s) may feel similar emotions as you did when you first learned about your child's diagnosis. Depending upon your child's age and the familiarity that the future caregiver has with your child and his or her routines, you may want to expand in some areas of this section more than in others. It is important to put yourself in the future caregiver's place and look at it from the perspective that you first had—wanting to know as much as possible, as soon as possible.

Some parents may wish to provide every detail of his or her child's being in this section—what makes their child the person that he or she is, what makes the child happy, sad, or mad. They want to pass along their nurturing instincts so that the future caregiver not only sees their child from the outside but understands the child's heart.

Another set of parents may be more analytical or factual about their child's future in this section. They may emphasize the accomplishments their child has made and set periodic milestones for both the family and the child to achieve.

Only you can decide what type of information you wish to provide. Whatever you decide, please remember that it is helpful for you to work together with your child's future caregiver in developing this Letter of Intent for your child.

CREATE THE VISION

What is the vision that you have of your child's life with you?

What is the vision that you have of your child's life without you?

What is your vision of the role of your child's guardian? What do you expect him or her to do for your child?

What is your vision for the role of your child's trustee? How should he or she make financial decisions?

What is your vision for the role of your child's trust advisor? How should he or she best help the trustee?

What is your vision for the potential relationship with all of your children?

What are the family traditions you wish to always be continued?

What personal thoughts would you care to share with future caregivers?

BIOGRAPHICAL AND PERSONAL INFORMATION

Child's information

Full name

Date of birth

Home address

Social security number

City, state, zip code

Home telephone number

Date of adoption (if applicable)

Date of citizenship (if applicable)

Religious preference

Place of worship

Contact person

Address

Telephone number

City, state, zip code

Services attended or involvement

Why this is important

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MEDICAL INFORMATION

Overview of Current Medical Information and Concerns

General diagnosis (medical, developmental, psychiatric, physical)

Most recent hospitalizations (reason, date, follow up care, location)

Current health concerns

Current health treatments

Current health precautions and recommendations

Insurance, Physicians, and Specialists

Insurance information

Health insurance company and policy number *Other health insurance information (e.g., Medicaid)*

Subscriber *Subscriber*

Dental insurance information and policy number *Prescription drug coverage information*

Insurance coverage through parent/child/guardian/other

Physician information

Name of primary care physician *Telephone number*

Address *City, state, zip code*

Approximate frequency of visits

Note any tests, immunizations and frequency (e.g., flu shots, thyroid testing)

Additional information

Dentist information

<i>Name of dentist</i>	<i>Telephone number</i>
<i>Address</i>	<i>City, state, zip code</i>
<i>Specialty or affiliated hospital</i>	<i>Approximate frequency of visits</i>
<i>Note any tests and their frequency</i>	
<i>Additional information</i>	

Specialist information

<i>Name of specialist</i>	<i>Telephone number</i>
<i>Address</i>	<i>City, state, zip code</i>
<i>Specialty or affiliated hospital</i>	<i>Approximate frequency of visits</i>
<i>Note any tests and their frequency</i>	
<i>Additional information</i>	

Pharmacy

Note: No medications at this time.

Name of pharmacy

Telephone number

Address

City, state, zip code

Preferred Hospital for Emergency Treatment

Name of hospital

Telephone number

Address

City, state, zip code

Medications, Health, and Related Information

Allergies (such as medical or environmental) and required treatments

Medical facilities (include medical record numbers if necessary)

Medications—prescription drugs

Medications—nonprescription drugs (including vitamin supplements)

The best ways to give your child medications are...

Other important medical information

PERSONALITY TRAITS AND PREFERENCES

Describe what living with your child is like.

Basic characteristics and personality

Abilities and skills in reading and writing

Abilities and skills in financial matters (money skills)

Abilities and skills in household chores

Abilities and skills in other areas

Sleeping habits

Safety issues

Explain any issues your child has in being able to identify an unsafe situation or individual.

Sensory issues

Provide suggestions to address any sensory issues or challenges

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Behavior issues

Provide suggestions to address any behavioral challenges

If you have to contact one or two people to help you on the above, who would they be?

What is most important to your child about his or her personality?

What is most important to you about your child's personality?

Preferences

Preferred setting and/or environment (rural or city, large or small house)

Favorite places to visit

Hobbies and interests

Favorite entertainment

Recreation

Favorite type or brand of clothes

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Favorite colors and patterns

What is most important to your child about his or her preferences?

What is most important to you about your child's preferences?

Clothing and Shoe Sizes

Article of clothing	Size
<hr/>	
Pants/shorts	
Shirt/blouse	
Skirt/dress	
Shoes	
Coat	
Hat	
Gloves	
Underwear	
Other	
<hr/>	

PERSONAL CARE INFORMATION

Physical abilities

Communication skills

Physical mobility

Hearing ability

Eyesight

Special equipment

What is most important to your child about his or her physical abilities?

What is most important to you about your child's physical abilities?

HABITS AND HYGIENE

Specific Grooming Routines and Nature of Assistance Required

Shaving

Bathing

Dental care

Dressing

Toileting

Personal care

Male or female personal hygiene care

Is your child aware of his or her own issues of sexuality? Are there issues or concerns to be aware of?

What is most important to your child about his or her habits and hygiene?

What is most important to you about your child's habits and hygiene?

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MEALS AND DIETARY REQUIREMENTS

Food allergies (with suggested treatments if required)

Food preferences (likes and dislikes)

Assistance needed in meal preparation

Assistance needed in feeding self

Eating habits

Mealtime issues or behavior concerns

Cleanliness and neatness

What is most important to your child about his or her mealtimes and dietary needs?

What is most important to you about your child's mealtimes and dietary needs?

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IMPORTANT DAILY ROUTINES

Times and Preferences

Wake-up time

Morning

Noon

Afternoon

Evening

Bedtime

What is most important to your child about his or her daily routines?

What is most important to you about your child's daily routine?

FAMILY AND SUPPORT FACTORS

The Family and Support Factors section allows you to identify all the important people in your child's life, which will help you create a directory of resources for future caregivers so that they will know who else plays an important role in your child's life and how those individuals can be contacted.

There are a number of different individuals and agencies that will be in contact with your child. Some will be paid employees of government agencies and have specific responsibilities to meet the needs of your child in his or her capacity. You should identify the agency that each employee works for so that the future caregiver will know who to contact and what to expect from their services or supports. There is often a high turnover of support staff in human services provider agencies throughout the country, so it is very important to be in regular contact with the agencies and keep the contact information current. It is also a good idea to introduce future caregivers to these individuals early on.

Some individuals are fortunate enough to have family, friends, and extended family members who help and support them without monetary payment. If this is the case in your situation, it is important that you include enough resources in your financial planning to allow these individuals to continue to be a part in your child's life regardless of their own personal financial abilities.

You should try also to make it financially possible to continue any special traditions that are important to your child's life for holidays, birthdays, vacations, or special occasions.

FAMILY INFORMATION

Father's information

<i>Full name</i>	<i>Date of birth</i>
<i>Home address</i>	<i>Social Security number</i>
<i>City, state, zip code</i>	<i>Home telephone number</i>
<i>Place of work</i>	<i>E-mail Address</i>
<i>Work telephone number</i>	<i>Cellular telephone number</i>

Mother's information

<i>Full name</i>	<i>Date of birth</i>
<i>Home address</i>	<i>Social Security number</i>
<i>City, state, zip code</i>	<i>Home telephone number</i>
<i>Place of work</i>	<i>Maiden name</i>
<i>Work telephone number</i>	<i>Cellular telephone number</i>

Sibling information

<i>Full name</i>	<i>Date of birth</i>
<i>Home address</i>	<i>Social Security number</i>
<i>City, state, zip code</i>	<i>Home telephone number</i>
<i>Place of work</i>	<i>E-mail address</i>
<i>Work telephone number</i>	<i>Cellular telephone number</i>

Current status of relationship

Future status of relationship

List any health concerns and or medical conditions of parents, guardians or siblings.

List any medical family history or concerns

Guardian information

<i>Full name</i>	<i>Date of birth</i>
<i>Home address</i>	<i>Social Security number</i>
<i>City, state, zip code</i>	<i>Home telephone number</i>
<i>Place of work</i>	<i>E-mail address</i>
<i>Work telephone number</i>	<i>Cellular telephone number</i>

Successor guardian information

<i>Full name</i>	<i>Date of birth</i>
<i>Home address</i>	<i>Social Security number</i>
<i>City, state, zip code</i>	<i>Home telephone number</i>
<i>Place of work</i>	<i>E-mail address</i>
<i>Work telephone number</i>	<i>Cellular telephone number</i>

PROFESSIONAL SUPPORT INFORMATION

Professional service providers (e.g., residential, employment, respite, personal care attendant, transportation, education)

<i>Name of service provider</i>	<i>Director</i>
<i>Address</i>	<i>Contact person</i>
<i>City, state, zip code</i>	
<i>Services provided</i>	

SOCIAL AND RECREATION SUPPORT INFORMATION

Social and recreation activities and interests (e.g., social clubs, hobbies, sports, arts, recreation)

<i>Organization name</i>	<i>Director</i>
<i>Address</i>	<i>Contact person</i>
<i>City, state, zip code</i>	
<i>Why important</i>	

FRIENDS AND EXTENDED FAMILY SUPPORT INFORMATION

Additional important individuals in your child's life (e.g., friends, neighbors, relatives)

<i>Name</i>	<i>Telephone number</i>
<i>Home address</i>	<i>City, state, zip code</i>
<i>Relationship</i>	
<i>Explanation</i>	

OTHER FAMILY AND SUPPORT CONTACTS

Individuals who may be in contact with your child but share different philosophies or may jeopardize your child's well-being and safety.

<i>Name</i>	<i>Telephone number</i>
<i>Home address</i>	<i>City, state, zip code</i>
<i>Relationship</i>	

FINANCIAL FACTORS

The Financial Factors section is where you should provide financial information that you feel is important to future trustees, estate executors, and those individuals that will handle your financial matters when you are no longer able to in the event of your disability or death. You should include all individuals that you have a professional relationship with as well as those who assist you in making important financial decisions. A solid team of advisors is the key in assisting future caregivers to follow through with your plans for you and your family. Do these advisors know each other and the role that they play in your overall financial plan? You may want them to have a copy of this Letter of Intent as a means of communications and/or perhaps introduction.

You should also include the assets and income sources to be anticipated to assist in the future care needs of your child. This assumes that you have taken the necessary steps so that these assets will be properly directed into your child's special needs trust when appropriate.

Take some time to help guide those that you have entrusted with your financial resources to understand the values that you have about money. This should help them to make important decisions on spending and perhaps investing your assets to meet your overall goals. This will help them to maintain the lifestyle that you have achieved for your family and for your child.

Personal and financial situations often change. As your children grow their personal and financial needs will develop and change. These changes will affect how you divide your assets among your children. As you work with your advisors to modify your plan to adapt to these changes, so too should you modify the information of your Letter of Intent. It is important to review this information regularly with your advisors and make any appropriate changes.

LIST OF ADVISORS

Financial Planner

<i>Name</i>	<i>Firm name</i>
<i>Work address</i>	<i>E-mail address</i>
<i>City, state, zip code</i>	<i>Telephone number</i>
<i>Relationship</i>	

Attorney

<i>Name</i>	<i>Firm name</i>
<i>Work address</i>	<i>E-mail address</i>
<i>City, state, zip code</i>	<i>Telephone number</i>
<i>Relationship</i>	

Accountant or Tax Preparer

<i>Name</i>	<i>Firm name</i>
<i>Work address</i>	<i>E-mail address</i>
<i>City, state, zip code</i>	<i>Telephone number</i>

Relationship

Trustee of parents' trusts

<i>Name</i>	<i>Name of firm</i>
<i>Work address</i>	<i>E-mail address</i>
<i>City, state, zip code</i>	<i>Telephone number</i>

Relationship

FINANCIAL INFORMATION ABOUT PARENTS

Summary of Net Worth

	Current estimated market value	Amount allocated to your child's needs*
Assets		
Liquid assets (cash, checking, money markets)		
Semi-liquid assets (stocks, bonds, mutual funds)		
Retirement plan assets (401[k], IRA, 403[b])		
Other assets (annuities, other)		
Real estate (residence, rental property, other)		
Business assets		
Personal property (autos, antiques, artwork)		
Total assets		
Liabilities		
Liabilities (mortgage, credit cards, loans)		
Other liabilities		
Total liabilities		
Net worth (assets less liabilities)		
Total net worth		

Note: * Indicates amount allocated to your child's needs. This column estimates the approximate amount that would be distributed to the child's special needs trust if parents were to die as of the date of the current market values.

LIFE INSURANCE, POTENTIAL GIFTS, AND INHERITANCES

Life insurance on father

Insurance company	Policy number	Type of policy	Death benefit	Owner of policy	Primary beneficiary	Contingent beneficiary

Life insurance on mother

Insurance company	Policy number	Type of policy	Death benefit	Owner of policy	Primary beneficiary	Contingent beneficiary

Life insurance on guardian

Insurance company	Policy number	Type of policy	Death benefit	Owner of policy	Primary beneficiary	Contingent beneficiary

Life insurance on child

Insurance company	Policy number	Type of policy	Death benefit	Owner of policy	Primary beneficiary	Contingent beneficiary

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Are you aware of any potential gifts or inheritances that your child will receive? If so, please provide details including the source (e.g., person, estate, trust), the anticipated amount, and estimated date(s) of gifts or inheritances.

Beneficiary Designations of Assets

Father's retirement plan assets

Investment company	Account number	Type of plan	Current market value	Potential income benefit	Primary beneficiary	Contingent beneficiary

Mother's retirement plan assets

Investment company	Account number	Type of plan	Current market value	Potential income benefit	Primary beneficiary	Contingent beneficiary

FINANCIAL INFORMATION FOR CHILD

Current income sources of child

Type	Financial amount	Payable timeframe
Wages		
Supplemental Security Income		
Rental Subsidy		
Other sources		

Potential income sources from parent

Type	Financial amount	Payable timeframe
Social Security Disability		
Insurance		
Pension-survivor benefits		
Other sources		

STRUCTURED SETTLEMENT INCOME

Details of settlement (e.g., source, judgment, when expected, for how long)

Lump-sum amount

Monthly income

Name of settlement insurance company

Effective date of contract settlement

Contact information

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YOUR FINANCIAL VALUES

General thoughts on your values about money in making financial decisions.

What is important about money to your child?

What does money mean to your child?

What is important about money to you and to your family?

If there is more than one child, provide an overview of how the trustee should evaluate financial priorities.

LEGAL FACTORS

The Legal Factors section is where you should provide information about the legal and estate planning documents that you have prepared that will assist others in the event of your disability or death. You should also have a checklist of important documents and their location. If your important papers are in your safe deposit box, make certain that the executor of your estate or your power of attorney has proper authorization to access it and its contents. If you have a safe in your home, these individuals should also know how to access its contents.

Not only is it important to identify those individuals that you hope will execute your wishes, they should also have a copy of this Letter of Intent to use as a guideline in making important financial decisions. In fact, as you are completing your Letter of Intent, it may be helpful to share some of your thoughts with your child's future trustee because they will have the fiduciary responsibility involved in spending the money that will help to fulfill your vision for your child's future. The more clear your vision and the details of your child, the easier it will be for them to fulfill their expected role.

When you work with your attorney to create your legal documents, you are creating the vision that you have for the ultimate distribution of your estate. During this process, you should be clear in expressing to future trustees, guardians, powers of attorneys, and health care proxies how you want your financial and legal matters tended to. The role of the attorney is to place those wishes in writing by utilizing the proper documents. Coordinating your financial resources with these legal documents is critical.

OVERVIEW OF ESTATE DISTRIBUTION

<i>Executor of father's estate</i>	<i>Date father's will signed</i>
<i>Executor of mother's estate</i>	<i>Date mother's will signed</i>
<i>Name of trust</i>	<i>Date of trust</i>
<i>Trustee name</i>	<i>Address</i>
<i>Home telephone number</i>	<i>Work telephone number</i>
<i>Trustee's relationship to child</i>	<i>Is trustee aware of role?</i>
<i>Power of attorney for parents</i>	<i>Date of most recent filing</i>
<i>Health care proxy for parents</i>	<i>Date of most recent filing</i>

LOCATION OF LEGAL DOCUMENTS FOR PARENTS

Wills

Trusts

Special needs trust paperwork

Life insurance policies

Guardianship papers

Power of attorney papers

Health care proxy papers

Mortgage papers

Investment paperwork

Retirement plans

Real estate deeds

Property titles

Birth certificates

Marriage certificates

Divorce documents

Veteran's benefits

Veteran's discharge documents

Social Security cards and passports

Safe deposit boxes/access information

Bank records and tax returns

Funeral instructions and related documents

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LOCATION OF LEGAL DOCUMENTS SPECIFIC TO CHILD

Birth certificate

Burial instructions

Social Security card and passport

Guardianship papers

Conservatorship papers

Special needs trust paperwork

Will

Power of attorney

Health care proxy

Names of those with copies of this Letter of Intent

FINAL ARRANGEMENTS FOR CHILD

Details of prepaid arrangements (if any)

Describe your desires for final arrangements you wish for your child in the event that you are not available to make these plans.

In the absence of a guardian, the following documents may be considered for the child as alternatives to guardianship.

<i>Executor of child's estate</i>	<i>Date of most recent will</i>
<i>Power of attorney for child</i>	<i>Date of most recent power of attorney</i>
<i>Health care proxy for child</i>	<i>Date of most recent health care proxy</i>

GOVERNMENT BENEFIT FACTORS

The Government Benefit Factors section is where you should include any and all government benefits that your child is currently receiving. You should also include how they are used for your child's needs. It is also helpful to provide a directory of state agencies and resources to contact that may be utilized for future needs. Government benefits and eligibility are predetermined. Planning to maximize and protect your child's eligibility is paramount to your child's future security and independence.

Many families, however, choose not to utilize government benefits for a number of reasons. If this is the case in your family, you should make certain to express it.

CURRENT GOVERNMENT BENEFITS

Income Benefits

<i>Social Security office</i>	<i>Name of contact</i>
<i>Address</i>	<i>Telephone number</i>
<i>Monthly amount of Supplemental Security Income</i>	<i>Is Supplemental Security Income directly deposited?</i>
<i>Monthly amount of Social Security Disability Insurance</i>	<i>Under whose coverage (e.g., mother, father, child)?</i>

Representative Payee

<i>Name</i>	<i>Name of firm</i>
<i>Address</i>	<i>Telephone number</i>
<i>City, state, zip code</i>	<i>Fax number</i>

Specify relationship

Medical Benefits

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<i>Medicaid number</i>	<i>Date of effective coverage</i>
<i>Type of coverage</i>	<i>Monthly copay amount</i>

Housing Benefits

<i>Government rental subsidy agency</i>	<i>Telephone number</i>
<i>Monthly amount</i>	<i>Address</i>

POTENTIAL GOVERNMENT BENEFITS

GOVERNMENT BENEFIT CONTACT INFORMATION

<i>Maintaining Supplemental Security Income eligibility</i>	<i>Telephone number</i>
<i>Medical coverage and services</i>	<i>Telephone number</i>
<i>Housing subsidy or services</i>	<i>Telephone number</i>
<i>Adult day program or services</i>	<i>Telephone number</i>
<i>Vocational services</i>	<i>Telephone number</i>
<i>Public transportation services</i>	<i>Telephone number</i>
<i>Private transportation services</i>	<i>Telephone number</i>
<i>Disability benefits</i>	<i>Telephone number</i>
<i>Hearing impairment assistance</i>	<i>Telephone number</i>
<i>Vision assistance</i>	<i>Telephone number</i>
<i>Adaptive equipment</i>	<i>Telephone number</i>
<i>Adaptive equipment maintenance</i>	<i>Telephone number</i>
<i>Adaptive equipment training</i>	<i>Telephone number</i>