

# Letter of intent

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The letter of intent is a personal road map 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 (IEPs), 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, specialties, phone numbers

Primary Physician Name \_\_\_\_\_ 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

## Medications currently being taken and storage location (continued)

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			
Financial Professional			
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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