

Writing a Letter of Intent

Amy Baskin, M.Ed.

www.amybaskin.com abaskin@sentex.net

Worried about what will happen to your child if anything happens to you? Write a Letter of Intent provides practical information that can guide others in making decisions and interacting with your child.

A Letter of Intent requires no lawyer, costs nothing, and could save your child much distress during a difficult time.

Talk with your child about his/her preferences and plans to make sure the letter reflects these choices. Share copies with those who might be involved in future care: siblings, appointed trustees, guardians, support circle members etc.

Update the letter once a year and tell key people where it is located. Or email it to siblings, a case manager, your facilitator/planner, close friends etc.

Excerpted and adapted from:

[More Than a Mom—Living a Full and Balanced Life When Your Child has Special Needs](#) by

Amy Baskin and Heather Fawcett. (contact Amy directly to purchase a book.

abaskin@sentex.net or purchase at Lulu.com)

Note: *This sample gives you an idea of what should be covered in a letter of intent. Your actual letter would contain far more details than are indicated here.*

Sample Letter of Intent:

To Whom It May Concern:

Re: Our daughter, Lori X

1. **Contact the following people if anything should happen to us:** *Names, addresses, mail and e-mail addresses of other children, extended family, case manager, support circle facilitator/planner and a close family friend.*
2. **Current situation and family life:** Lori is a thirteen-year-old with autism who lives with her brother and parents. At home, she enjoys reading, playing computer games, cooking, and helping with chores. She enjoys family outings such as hiking, swimming, visiting friends, and going to restaurants and movies. At least once a week, she goes out with her support worker (*name and contact info*) to outings in the community such as swimming and basketball at the YMCA. She is a happy, engaging, and highly verbal child who enjoys the chance to socialize. In addition, she loves animals and spending time with her family cat.

1. **Education:** Lori is included in a regular class at James Madison Middle School with one-to-one support. Her strengths are reading, memory, and music. Since she is unable to print by hand, she uses a laptop computer. When class lessons are too complicated, her assistant allows her to access related computer games and programs instead. In the future, she could attend (with support) a high school that offers vocational opportunities such as cooking or animal care. Alternatively, she could attend a self-contained class at the high school level with students who have high functioning autism or a mild intellectual disability.
2. **Future Residence:** Lori would like to someday share an apartment with a roommate. She will likely need a support worker to check in with her daily (or less frequently) to help with activities of daily living, banking, or general support. Lori's name is already on a waiting list for the Supported Independent Living Apartment Program, offered through *Name of Agency*. Contact our case manager (*name and contact*) for details. Alternatively, she could move in with her brother, who plans on having a basement apartment for Lori in his home.
3. **Employment:** Lori has a keen interest in animals and cooking, and is skilled with computers. She would probably enjoy working or volunteering at an animal shelter, a pet store, or in the food service industry. Perhaps she could also find work requiring some computer expertise.
4. **Medical Care:** Lori has no medical challenges. She is seen for a yearly check up by Dr. Smith (*contact information*), who is familiar with Lori's strengths and challenges. In addition, she sees an eye doctor (*name and contact information*) and dentist (*name and contact information*) with special needs expertise. Lori is not allergic to any medications. However, in the past, she has experienced adverse side effects from the following medications, which should be avoided in the future: (*list drugs and adverse reactions*).
5. **Behaviour Management:** Lori occasionally pinches and gets teary when she is anxious. The best strategy is to provide her with a written schedule or calendar of what will be happening in the day. Also, she has been seen by a behaviour therapist at the *Name of Clinic* (*contact info*). They have agreed to consult on any future behavioural issues that may arise.
6. **Social:** Lori participates in several community programs, including YMCA sports for kids (*day, time, location*), a community cooking class (*day, time, location*), and therapeutic horse back riding (*day, time, location*). She also greatly enjoys visiting our close family friends (*name and contact info*) at least once per week.
7. **Religious/Spiritual Life:** Most Sundays, Lori attends services with us at (*Name*) Church. In addition, she occasionally attends youth group social programs for pre-teens.

8. **Guardian and Trustee:** Guardians and trustees have been assigned in our wills, which were last updated on *(insert date)* and are on file with *(attorney name, contact info)*.

Parent signatures. _____

Date _____