



Letter of Intent

Helping people with special needs and their caregivers plan for the future they envision.

Letter of Intent for:

Written by:

Relationship to loved one:

Date created:

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Letter of Intent

Serving the special needs community is an extension of Voya's vision and mission to help all Americans have the quality of life they seek in retirement.

We are committed to being a leader in making a positive difference in the lives of individuals with special needs and disabilities — as well as their families, caregivers and other providers — by offering a depth of resources focused on education, planning and solutions through its Voya Cares® program. The Letter of Intent (LOI) is an important resource to help document your daily life and share your future goals.

This document is a non-legal record that can help ensure continuation of care for your loved one with a disability or special need. You can rest easier knowing that there's a written record of how to care for your loved one. In addition, your LOI can help establish your vision for the future that will serve as a foundation for your special needs plan.

Note to future caregivers

This LOI contains important information, including the location of documents and contact information for key service providers that will help you as a caregiver. Listed below are the most important details about the person you are caring for.

If information is protected on someone's computer or is password protected. Where can important documents be found?

Instructions

Complete this template to capture the most important information about your loved one. This process will help give you peace of mind that you've done all you can to pass along this critical information. You are encouraged to be as detailed as possible and customize this template to reflect your own expectations and wishes for your loved one's future.

Gather the supporting documents needed to complete the LOI, including legal documents, financial statements, insurance policies, birth certificate and identification cards.

Share copies of this completed LOI with all interested family members and friends. Keep the original with your legal documents or in a safe location that can be accessed if something happens to you.

Update this document at least every year or as things change in your loved one's life (schools, graduation, marriage, diagnosis, etc.).

For more information visit voyacares.com.

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General Overview

Information about your loved one

Full Name _____

Nickname(s) _____

Social Security number — —

License or state-issued I.D. number _____

Current address

Street	Apt. #	City	State	Zip code	Date	Type of residence

Previous address

Street	Apt. #	City	State	Zip code	Date	Type of residence

General information

Gender	Weight	Height	Citizenship	Religion	Race

Birth information

Date	City	State	Length	Weight

Clothing sizes

Shirt size	Pant size	Dress size	Shoe size	Outerwear

Diagnosis

List contact information of diagnosing physician.

Name	Phone number	Location	Practice specialty

Date of diagnosis? (Provide exact date, if possible.)

What symptoms led to their diagnosis?

List any other details about their diagnosis that were not mentioned earlier.

What are your future goals for your loved one (work, school, or other goals)?

General Overview

Personality

Character

Who are they as a person? What do you want people to know about your loved one? (Including their personality traits.)

Temperament

How can you tell they are happy?

What happens when they are angry (verbal signs, physical signs)?

What triggers anxiety and/or fears? Detail what happens when triggered (verbally expresses anxiety/fears, physical panic attacks, emotional withdrawn, etc.).

Is your loved one touch-seeking or touch-avoiding, or does your loved one have any other particular sensitivities?

Communication

Describe how your loved one communicates. Include if they are verbal or nonverbal, what languages they use, and what assistive technology is helpful.

Mobility

Describe how your loved one moves, what mobility aides are used, and what activities require assistance.

Miscellaneous

Are there other details about their personality that were not mentioned earlier?

General Overview

Recreation

Vacations

Describe your loved one's favorite vacation locations, traditions, activities, and travel companions.

Explain elements of past vacations that have been successful or unsuccessful.

Explain any travel or transportation limitations.

Fitness

Describe your loved one's typical exercise routine, including how much support is required for each activity.

Traditions

Describe any traditions that your family has surrounding the holidays or other special times of the year that should continue to be a part of your loved one's life.

General Overview

Daily schedule and routines

Structures and unstructured recreation activities

Explain in detail below what structured and unstructured activities your loved one does on weekdays and weekends. Include what the activity is, the schedule, frequency, location, and favorite companions involved.

List any other liked and disliked activities. If necessary, provide more detail as to why they do or do not like a specific activity.

Routines

List the times when they eat, bathe, sleep, and any other specific routines. List all routines that occur on weekdays and weekends.

Behavior management

Programs

Describe behavior management programs that have had a positive impact on your loved one.

Describe behavior management programs that have unsuccessful for your loved one.

Communication

If your loved one cannot fully communicate, what are some nonverbal clues that caregivers need to know?

Who can connect emotionally with your loved one? Whom do they listen to and not listen to? Who can calm them down?
List contact information of the people who can help.

Siblings and family members who are a resource

Can your loved one advocate for themselves, when asking for help, applying for benefits, getting services, etc.? If not, which family and friends are advocates? Explain in detail and list their contact information.

Are professional advocates involved? If so, explain and list their contact information.

Does your loved one have a representative payee? If yes, list the name of the representative payee and their contact information.

Nutrition

Allergies

Are there any food allergies or sensitivities? If so, detail symptoms and treatments?



Preferences

Describe your loved one's favorite foods for each meal (including amounts, timing, spice level, etc.).

Breakfast

Lunch

Snack

Dinner

Special occasion or favorite meals

What are their favorite restaurants? Are there any restaurants they do not like? If known, detail why they do or do not like certain restaurants.

What are their favorite recipes? Where can these recipes be found?

Preparation/Cooking/Serving

Does you loved on prepare their own meals, or does anyone in particular prepare the meals above? If so, detail which meal(s) they prepare and any additional information.

Describe any assistance needed with eating or cooking.

Medical

Medical professionals

List all current medical professionals below. This list should include medical doctors, dentists, alternative medicine practitioners and therapists (psychologists, psychiatrists, occupational, physical, etc.).

Type of medical professional	Name	Phone number	Payment method	Visit frequency

List all previous medical professionals below

Type of medical professional	Name	Phone number	Visit frequency

Do they show fear, anger, and/or anxiety about any medical professionals? If so, list professionals' names below and describe the behavior.

Medications

What pharmacy does your loved one use? Include name, address, and phone number. Is there an online account? If so, list details below.

List prescription medications taken. Include prescription names, numbers, dosages, time of day taken, and frequency. How is the medication administered (topical, oral, drops, etc.? What's the best way to take medications (sitting up, with food/drink, etc.)?

List any over-the-counter medications used (pain relievers, allergy medicines, laxatives, etc.). Include medication names, dosages and frequency.

Allergies



Does your loved one have any drug or medical allergies and/or sensitivities? If so, describe what happens when allergy or sensitivity is triggered and the treatment(s)?

Does your loved one have any non-food related allergies or sensitivities (latex, fabrics, metals, etc.)? If so, describe what happens when allergy or sensitivity is triggered and the treatment(s)?

Sensory corrective methods

What visual corrective methods do they use? How often do they use these methods (glasses, contacts, etc.)?

What auditory corrective methods do they use? How often do they use these methods (hearing aids, etc.)?

Mobility adaptive methods

What adaptive methods do they use? Wit is the maintenance on these devices (wheelchair, prostheses, etc.)?

Vaccinations

List all vaccinations received.

Medical provider	Date of vaccination	Name of vaccination

Assisted Care

Does our loved one currently receive any residential or long-term care? If yes, list where care is received, and how long the care will continue.

Will they need care in the foreseeable future? If yes, who should provide this care and where?

Medical procedures

Describe any surgeries and/or procedures.

Surgeon name	Surgery or procedure	Date	Other applicable details

Health Insurance

Name of medical coverage	Type (employer-provided, Medicaid, Medicare, etc)	Carrier	Policyholder	Policy number	Group number

Describe how this insurance coverage would change upon the death of either parent or guardian.

Financial

Financial planning

Does your loved one need help managing money? If yes, explain what help is needed.

Is there a financial plan? If yes, where can it be found?

Do you (caregiver) and/or your loved one have a financial planner, broker, and/or insurance agent? If yes, provide their contact information below along with any other important information that may be applicable.

Name	Role (financial planner, broker, insurance agent, etc.)	Phone number	Email address	Location	Other details

Assets

What financial assets do you (caregiver) have? How do these assets affect your loved one? Assets include employer benefits, 401(k), savings accounts, checking accounts, life insurance policies, other bank accounts, etc.

What financial assets does your loved one have? Assets include savings accounts, checking accounts, life insurance policies, other bank accounts and employee benefits. Give a snapshot of all financial assets.

Document instructions for claiming accounts that name your loved one as beneficiary.

ABLE Accounts

Does your loved one have an ABLE account? If yes, what is the savings goal?

What ABLE account program is your loved one sing (i.e. STABLE, ABLEAmerica or your state's program name)? What institution issued and is managing the account?

Explain how to access the ABLE account (debit card, phone, etc.).

Spending order

List which accounts should be spent first, should not be touched or are earmarked for a specific purpose.

Government benefits

List all government benefits your loved one currently receives and recertification dates. Include any public assistance (Supplemental Security Income (SSI), Medicaid, Medicaid waivers) and entitlement benefits (Social Security and Medicare).

Are there other benefits that may be applied for in the future, for example, Supplemental Security Income (SSI) and Medicaid at age 18 or Childhood Disability Benefit (CDB) upon parents' retirement, disability or death?

Education

What school does your loved one attend? Provide name, address, phone number and contact name.

How does your loved one get to school, for example, bus, car pool, private transportation? Provide contact information.

Does our loved one have an Individual Education Plan (IEP)? If yes, where can a copy be obtained?

Describe the academic programs, subjects and skills that are important to your loved one.

What types of skills or subjects are most important to you, as caregiver, including academic, artistic, vocational, life-skills, etc.?

List medication schedules while at school.



Describe any additional needs they have while at school.

List the names and contact information of any favorite teachers, coaches, mentors, and others who understand your loved one.

Describe the actual and desired levels of classroom integration for your loved one.

Describe the academic programs, subjects and skills that are important to your loved one.

Describe your desires and plans regarding continuing education and/or an eventual transition into the workplace.

Employment

Describe the different types of work they may enjoy.

What supports do they need to reach their potential?

If currently employed, who is their supervisor or manager?

What is their income before taxes?

If not employed, what is their main source of income?

Environmental

Residential

Do you prefer that your loved one continues to live in their current community? Explain why or why not.

What supports do they need to live in their preferred community?

What environmental conditions should be avoided?

What accessibility measures are currently in place in your loved one's home?

What accessibility measures do you foresee being necessary in the future?

Describe past or current living situations that have or have not worked well.

Describe any comfort items your loved one needs to have in the home and how those items are used.

Environmental

Social

What types of social activities does your loved one enjoy?

Are they involved in any group activities? If yes, include the activity, the schedule and frequency, location, favorite companions involved, and level of support required.

Do you have special instructions for giving and receiving gifts with friends and family? What's appropriate for your loved one to give or receive?

Explain activities to be avoided or minimized and why.

What are some other tips for successful socializing?

Environmental

Religious

Provide the religious affiliation and any contact information for your loved one's place of worship.

Provide any additional information about your loved one's religious affiliation.

Legal and estate planning

What estate planning instruments do you have in place? (This includes living trusts, special needs trusts, durable Power of Attorney, medical directives, living will, etc.) Where are these documents located?

If there is a Power of Attorney, list the date established and the name and contact information of the Attorney-in-Fact.

List the names and contact information of any legal professionals involved in your loved one's planning.

Is guardianship or conservatorship in place for your loved one? If yes, provide details below:

Name and contact information of guardian or conservator.

Type of guardianship or conservatorship.

Date established.

Provide information on successor guardians or conservators.

Name	Relationship	Phone number	Email address

Final arrangements

Describe any final arrangements (prepaid funeral or burial plot) that are in place for your loved one and list contact information.

If no arrangements have been made, describe your wishes, including religious preferences and final resting place.

Online accounts and other information

List online accounts, user names, passwords and other web information.

Use this space to explain anything else that someone stepping into the role of your loved one's primary caregiver would need to know.

Additional contact information

List additional contacts not previously provided.

Attorney name and contact information.

Broker name and contact information.

Insurance agent name and contact information.

Financial planner name and contact information.

Representative payee name and contact information.

Bank account details:

Name of bank(s)

Account name(s)

Last four digits of account number(s)
