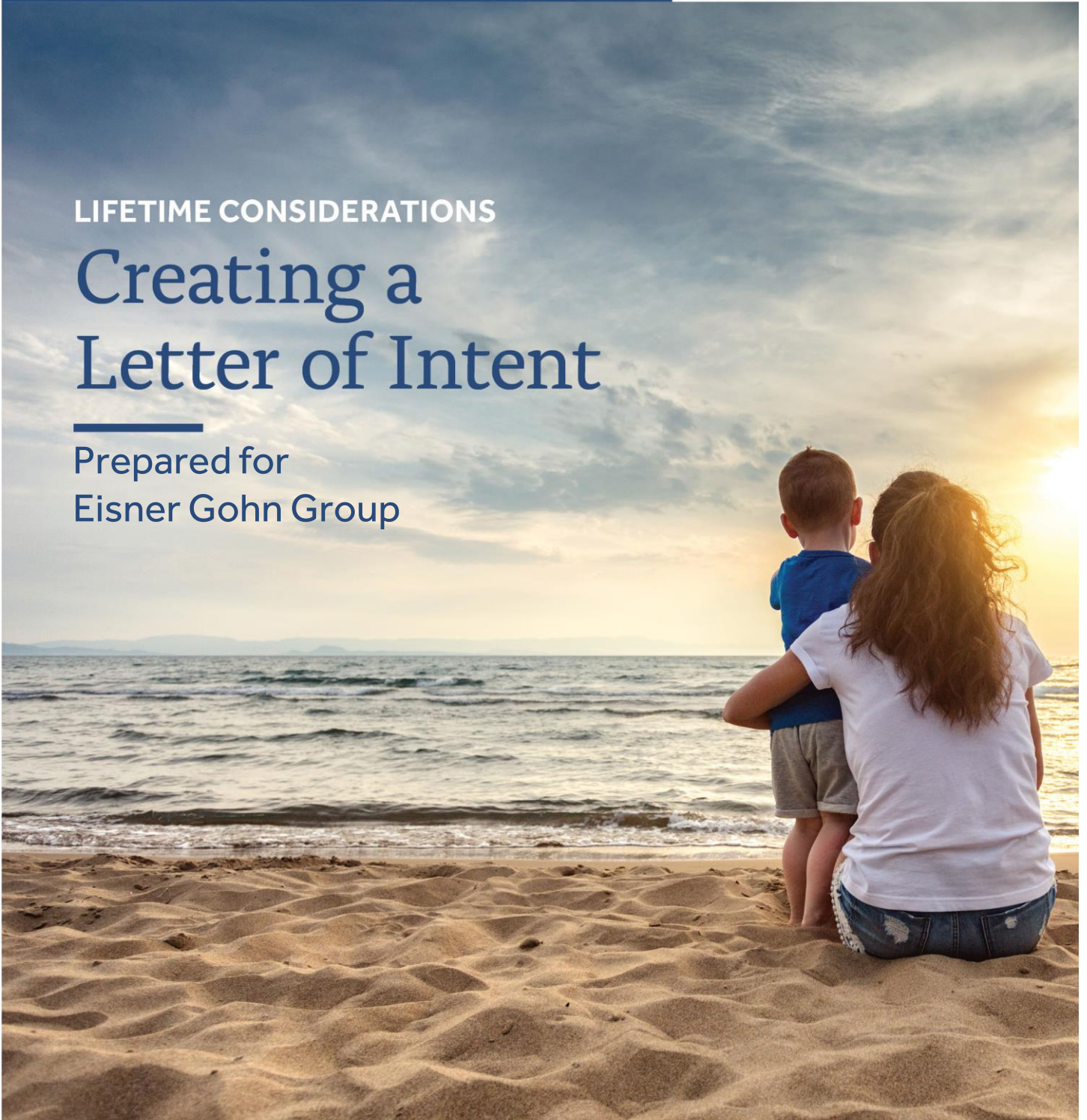


LIFETIME CONSIDERATIONS

# Creating a Letter of Intent

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Prepared for  
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# Creating a Letter of Intent

Drafting a letter of intent (LOI) is a vital component in safeguarding the continuity of care and support for an individual with special needs. This document allows you to communicate detailed and personal information about your loved one to future caregivers, guardians, or trustees—ensuring they are equipped to make informed and compassionate decisions.

As a caregiver, you are the primary source of knowledge regarding your loved one's history, preferences, routines, and aspirations. If you were to become suddenly unable to fulfill your caregiving responsibilities, your loved one could be left in the care of individuals who lack this critical insight. A thoughtfully prepared LOI bridges this gap by preserving your unique understanding in written form.

While the LOI is not a legally binding document and does not require preparation by an attorney, it is often regarded as one of the most valuable tools in an estate plan for individuals with special needs. Its purpose is to memorialize your knowledge and guidance, helping future caregivers avoid unnecessary delays or guesswork as they assume responsibility.

The letter should be highly personalized, reflecting the specific needs and circumstances of your loved one. You may follow a standard template or checklist as a guide, but it is equally important to adapt the content as needed—adding sections that are relevant and omitting those that are not. Though compiling this information may initially feel overwhelming, the long-term benefit of having a centralized, accessible resource cannot be overstated.

To make the process more manageable:

- Begin with the most straightforward information.
- Build and refine the document over time.
- Review and update it periodically to reflect changes in your loved one's condition, preferences, or support network.

Finally, it is essential to store your letter of intent alongside your estate planning documents and ensure that trusted individuals are aware of its existence and location. In doing so, you provide future caregivers with the clarity and confidence they need to honor your intentions and support your loved one with continuity and care.

## Sample outline

[Introductory remarks. Ex: *This letter is not legally binding and is intended to provide guidance for anyone involved in the individual's future care. It expresses the author's wishes and desire to provide the best life possible for the individual.*]

## [Individual's] PERSONAL INFORMATION

### General information

- ☐ Name: Full legal name of the individual (including preferred name).
- ☐ Numbers: Individual's Social Security Number, address, telephone number for home and work, height, weight, shoe size, and clothing size.
- ☐ Additional details: Gender, fluent language, citizenship, and religion.
- ☐ Birth details: Date of birth (as well as any complications), birth weight and place of birth as well as the city/town/country where he or she was raised.
- ☐ Siblings: Complete names, addresses, and phone numbers of all brothers, sisters, and close relatives.
- ☐ Marital status: If married, list the spouse's name, date of birth, the names of any children and their dates of birth. Also list any previous marriages, as well as the names, addresses, and phone numbers of the spouses and children from each marriage.
- ☐ Other relationships: Special friends and relatives and describe the relationship.

- ☐ Guardians: Indicate whether any guardians have been appointed. List the name, address, and phone number of each guardian and indicate whether that person is a guardian of the person and/or the guardian of the property. If alternate guardians have been chosen, list their full names, addresses, and phone numbers.
- ☐ Trustee: Indicate whether you have set up a special needs trust for the individual and list the names, address and phone number of each trustee including alternates.
- ☐ Power of attorney: If anyone has power of attorney, list the person's full name, address, and phone number. Indicate whether this is a durable power of attorney.
- ☐ Final arrangements: Describe any arrangements that have been made for his/her funeral and burial or cremation (in consultation with the individual). List the full names of companies or individuals, their addresses, and phone numbers. Also list all the payments made and specify what is covered. Indicate location of any contracts or agreements. Additionally, list any specifics for the service, site, monument, or disposition of the remains (if cremation is the choice).

## **Medical history and care**

- ☐ Diagnoses: Main diagnosis(es) with explanation if needed.
- ☐ Functioning: Intellectual functioning level (mild, moderate, severe, profound, undetermined, etc.).
- ☐ Vision: Status of his/her vision and any supports needed (glasses, contacts, etc.). List the date of the last eye test and any prescriptions.
- ☐ Hearing: Status of his/her hearing and any supports needed (hearing aids, etc.).
- ☐ Speech: Status of his/her speech (e.g., normal; impaired, yet understandable; requires sign language; requires use of a communication device; non-communicative, etc.).
- ☐ Mobility: Status of his/her mobility (e.g., normal; impaired, use of a wheelchair or other assistance, no mobility, etc.).
- ☐ Blood: Blood type and any specific problems concerning blood.
- ☐ Regular physicians: List of regular physicians, including specialists. Include their full names, types of practice, addresses, phone numbers, and the frequency of visits.
- ☐ Previous physicians: List their full names, types of practice, addresses, phone numbers, and the most common reasons for which they were consulted. Describe any important findings or treatments.
- ☐ Dentist: Name, addresses, and phone number of his/her dentist and frequency of exams. Indicate what special treatments or recommendations the dentist has made.
- ☐ Nursing needs: Indicate need for nursing care. List the reasons, procedures, nursing skills required, etc. Is this care usually provided at home, at a clinic or in a doctor's office? If appropriate, include the full names, addresses, phone numbers of any nurses that provide care on a regular basis.
- ☐ Mental health: List psychiatrist, psychologist or mental health counselor, the address and phone number as well as the frequency of the visits and the goals of the sessions.
- ☐ Therapy: List physical, speech or occupational therapists. List the purpose of each type of therapy as well as the name, address, and phone number of each therapist.
- ☐ Diagnostic/Genetic testing: Information about his/her past diagnostic/genetic testing; the name of the individual and/or organization administering the test address, phone number, testing dates, the summary of the findings, and if any further testing is recommended?
- ☐ Immunizations: List the type and date of all immunizations.
- ☐ Medical history: Provide details (e.g., dates of occurrence, frequency of occurrence, treatments, etc.) for any major diseases, allergies, seizures, operations, hospitalizations, or special conditions.

- ☐ Support devices: List of any adaptive or prosthetic devices (e.g., glasses, braces, shoes, hearing aids or artificial limbs)? List the manufacturing company(s) or supplier(s).
- ☐ Medication: Any prescription medication currently being taken (including over-the-counter or birth control, if applicable) plus the dosage, prescribing doctor, administration instructions, and purpose of each one. Include any past medications which have been effective, ineffective, or caused allergic reactions.
- ☐ Diet: Dietary restrictions or special diet, favorite foods, and any foods to which he/she has an aversion.

## **[Parent/Caretaker] INFORMATION**

*[Note: You may wish to include separate sections for parent(s) and caretaker(s) if they are different individuals. If the caretaker is not a parent, then parental information may be beneficial to include as reference/historical material.]*

- ☐ General information: Full names of the parent(s)/caretaker(s), Social Security Numbers, addresses, phone numbers, date/place of birth, citizenship, city/town/country where raised, fluent languages, religion, and number of siblings.
- ☐ Medical history: Blood type and any significant health issues that could impact the individual.
- ☐ Marital status: Each parent(s)/caretaker(s) current marital status. If he/she is currently married, list the dates of the marriage, and the number of children from the marriage. Also list the dates of any previous marriages; names of previous spouses; and names and birth dates of children from each marriage.
- ☐ Family: Names of the parent(s), siblings, and parents. For all those still living, list their addresses and phone numbers, as well as something about them, especially about their relationship to your loved one.

## **[Individual's] PRESENT AND FUTURE**

### **Housing**

- ☐ Current housing: Individual's current living situation and indicate its advantages and disadvantages. Any past living situations that didn't work?
- ☐ Future living arrangements: Describe in detail any arrangements that have been made for your loved one's future living situation. Describe your idea of his/her best living arrangement at various ages or stage, which living arrangements would you prefer (e.g., relative's home, supported independent living, group home, parent-owned housing, his/her personal home). Include specifics about certain envisioned locations and hours of supervision needed.
- ☐ Adaptation: Does the residence need to be adapted with ramps, grab bars, or other assistive devices?
- ☐ Favorites: Loved one's favorite possessions in any living arrangement.
- ☐ Community: Loved one's favorite places (e.g., favorite restaurants, shopping areas, recreation areas, libraries, museums, banks, etc.).

### **Daily living**

- ☐ Daily schedule: Describe an average daily schedule. Also describe activities usually done on "days off."
- ☐ Assistance: Discuss which of the following activities he/she will need assistance in performing (and to what extent):
  - Self-care skills like personal hygiene or dressing;
  - Domestic activities like housekeeping, cooking, doing laundry, or shopping for groceries and cleaning supplies;
  - Transportation for daily commuting, recreational activities, and emergencies;
  - Personal finance (e.g., banking, paying bills, budgeting, etc.); and
  - Other areas.
- ☐ Caregiver's attitudes: Describe how you would like caregivers to treat matters like sanitation, social skills (including table manners, appearance, and relationships with the opposite sex). What values do you want caregivers to demonstrate?
- ☐ Sleep habits: How much sleep does he/she require? Does he/she have any special sleep habits or methods of waking up?



- ☐ Allowance: Indicate whether you recommend a personal allowance. If so, how much? Also, list your recommendations about supervision of how the allowance is spent.

## **Education**

- ☐ Schools: Schools your loved one has attended at various ages and the level of education completed in each program. Include early intervention, day care and transition programs.
- ☐ Current programs: Specific programs, schools, and teachers. Include addresses and phone numbers.
- ☐ Academics: Estimate your loved one's grade level, academic skills in reading, writing, math, etc. List any special abilities.
- ☐ Emphasis: Describe the type of educational emphasis (such as academic, vocational or community based) upon which he/she currently concentrates. What do you think would be the best for the future?
- ☐ Integration: Describe the extent that your loved one has been in regular classes or schools during his/her education. What are your desires for the future?

## **Day program or work**

- ☐ History: Describe your loved one's current and past day program and/or work history. Any past programs/jobs that did or didn't work?
- ☐ Future objectives.
- ☐ Assistance: Indicate to what extent, if any, your loved one needs assistance in searching for a job, in being trained, in becoming motivated, and in receiving support or supervision on the job.

## **Recreation**

- ☐ Activities: What are his/her current recreational activities, including locations, people involved, etc. (going to movies, listening to music, dancing, collecting baseball cards, roller skating, etc.). Favorite vacations/trips?
- ☐ Fitness: Indicate any participation in a fitness program including type and details (e.g., location, people involved, etc.).

## **Religion**

- ☐ Faith: Indicate your loved one's religion, if any (including location of church, synagogue, or religious organization).
- ☐ Clergy: Who is his/her religious leaders (include addresses and phone numbers)? Also indicate if your loved one might like to be visited by these people.
- ☐ Participation: Would he/she like to participate in services and other activities of the church, synagogue, or religious organization?

## **ADDITIONAL NARRATIVE**

- ☐ Give an overview of his/her life and your feelings and vision about the future.
- ☐ Describe anything else future caregivers and friends should know about your loved one.

## **[Individual's] FINANCES, BENEFITS, AND SERVICES**

- ☐ Assets: Total assets he/she has as of this date. Indicate how those assets are likely to change, if at all, in the future.
- ☐ Income: What sources of income he/she currently has (e.g., wages, government benefits, pension funds, trust income, and other income)?
- ☐ Services and benefits: What other services or benefits does he/she receive (e.g., home help; employment assistance; housing assistance; legal assistance; library services; special education; transportation assistance; and vocational rehabilitation services)? Are there services/benefits needed but not being received?

- ☐ Expenses paid directly by your loved one (e.g., housing, education, health care, recreation, and vocational training).
- ☐ Expenses paid directly by parents, guardians, or trustees.
- ☐ Expenses paid by third parties such as insurance companies or government programs.
- ☐ Changes: Indicate how his/her financial picture would change if one or both parent(s)/caregiver(s) died. Be sure to list any additional cash benefits he/she would be entitled to or eligible to receive.

### **Documentation & important information**

- ☐ Parent/caretaker will: Location and the names, addresses, and phone numbers of the executors.
- ☐ Life insurance: Location of documentation and information on any relevant life insurance (e.g., face amount, the insurance company, policy number, and beneficiaries).
- ☐ Individual's burial papers: Location of the documents of burial (deed to plot, instructions for burial, organ donations), the cemetery's addresses, and the preferred funeral home.
- ☐ Health insurance: Describe any relevant health insurance for your loved one, including hospital, major medical, and accident insurance. List the type of coverage, the insurance company's benefit limits, the policy number, and the location of the policy.
- ☐ Accounts: Location of documents and details for your loved one's personal accounts (e.g., account numbers, financial institutions, etc.).
- ☐ Income tax: Describe individual's relevant income tax information and indicate the location of tax returns and supporting documentation (current and past).
- ☐ Real estate: Location of any real estate records (including purchase records, deed, receipts for capital improvements, and tax receipts) for property owned by the individual or any trusts created for his/her benefit.
- ☐ Trust: Trusts established for your loved one (including the type of trust, names, addresses, and phone numbers of all trustees, including alternates and the recent value of the trust).
- ☐ Parent/caretaker advisors: Name all advisors, such as lawyers, tax preparers, insurance agents, or financial planners. List their addresses and phone numbers.
- ☐ Other: Location of your loved one's guardianship papers; school records; phone number of current case workers, if any; copies of birth certificate; and other government benefits including most recent completed application forms.

Please provide any other wishes you have for your loved one or information you feel is important to his/her care. Also provide any message you would like to convey to him/her upon your death. Additionally, you may choose to attach a written note, an audio recording, or a video to this letter along with any message to siblings or close friends.

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