

# Master Letter of Intent for Special Needs Trust and Guardianship

Date: [Insert Date]

## 1. Personal Information

Full Name of Beneficiary: [Insert Name]

Date of Birth: [Insert DOB]

Social Security Number: [Insert SSN]

Diagnosis: [Insert Primary and Secondary Diagnoses]

## 2. Key Contacts

Current Guardian: [Name and Contact Info]

Successor Guardian: [Name and Contact Info]

Trustee: [Name and Contact Info]

Primary Physician: [Name and Contact Info]

Case Manager: [Name and Contact Info]

## 3. Medical History and Care

Allergies: [List all allergies]

Current Medications: [List medication, dosage, and frequency]

Medical Equipment: [List any necessary devices]

Communication Style: [Verbal, Non-verbal, Sign Language, Device use]

## 4. Daily Living and Routine

Morning Routine: [Describe typical wake-up and hygiene routine]

Dietary Preferences: [Favorite foods, restrictions, or choking hazards]

**Sleep Habits:** [Bedtime routine and sleep aids]

**Behavioral Support:** [Triggers and successful calming techniques]

## **5. Social and Recreational**

**Interests:** [Hobbies, movies, music, or activities]

**Dislikes:** [Sensory triggers or activities to avoid]

**Community Involvement:** [Day programs, religious services, or clubs]

## **6. Financial and Residential**

**Current Housing:** [Description of current living arrangement]

**Future Housing Goals:** [Preferred long-term living environment]

**Government Benefits:** [SSI, SSDI, Medicaid, Section 8, etc.]

## **7. Final Wishes**

**End of Life Preferences:** [Religious rites or burial/cremation wishes]

**Other Instructions:** [Any specific family traditions or goals]

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**Signature of Grantor/Parent:** \_\_\_\_\_

**Printed Name:** [Insert Name]