

# Letter of Intent: Residential and Housing Transition

**Date:** [Insert Date]

## 1. Personal Information

**Beneficiary Name:** [Insert Name]

**Date of Birth:** [Insert Date of Birth]

**Current Address:** [Insert Current Address]

## 2. Current Living Situation

**Description of Current Home:** [Describe current residence, e.g., family home, apartment, group home]

**Current Support System:** [List family members, caregivers, or agencies providing support]

**Current Routine:** [Describe daily habits and environmental needs]

## 3. Future Housing Goals

**Preferred Type of Housing:** [e.g., Shared apartment, independent living with supports, small group home]

**Location Preferences:** [Specify desired neighborhood, proximity to family, or access to public transit]

**Physical Requirements:** [e.g., Wheelchair accessibility, no stairs, soundproofing, private bathroom]

## 4. Transition Triggers

**When should a move occur?** [e.g., Upon the death/incapacity of primary caregiver, when the beneficiary reaches a certain age, or when a specific program becomes available]

## 5. Supervision and Support Needs

**Level of Supervision:** [e.g., 24/7 care, daily check-ins, or completely independent]

**Specific Support Tasks:** [e.g., Meal preparation, medication management, financial budgeting, housekeeping]

## **6. Social and Community Integration**

**Community Access:** [Describe needs for attending day programs, religious services, or social clubs]

**Compatibility:** [Describe preferred traits for roommates or housemates]

## **7. Financial Considerations for Housing**

**Government Benefits:** [List SSI, SSDI, Section 8, or Medicaid waivers currently used or applied for]

**Trust Role:** [Specify how trust funds should supplement housing costs, such as utilities, furniture, or repairs]

## **8. Emergency Contacts**

**Primary Advocate:** [Name and Phone Number]

**Successor Advocate:** [Name and Phone Number]

**Signature:** \_\_\_\_\_

**Printed Name:** [Insert Name of Grantor/Parent/Guardian]