

Letter of Intent: Emergency Protocol and Care Contacts

Date: [Insert Date]

Trust Beneficiary: [Full Name of Beneficiary]

Trust Name: [Full Name of Special Needs Trust]

1. Primary Emergency Contacts

In the event of an emergency, please contact the following individuals in the order listed:

- **First Contact:** [Name] | [Relationship] | [Phone Number]
- **Second Contact:** [Name] | [Relationship] | [Phone Number]
- **Legal Guardian/Advocate:** [Name] | [Phone Number]

2. Immediate Emergency Protocol

If the beneficiary is experiencing a medical or behavioral crisis:

1. Call 911 or local emergency services immediately.
2. Notify the Primary Emergency Contact listed above.
3. **Critical Information for First Responders:** [e.g., Non-verbal, sensitive to touch, history of seizures, etc.]
4. **Preferred Hospital:** [Hospital Name and Address]

3. Medical Professionals and Facilities

- **Primary Care Physician:** [Name] | [Phone Number]
- **Specialist/Neurologist:** [Name] | [Phone Number]
- **Pharmacy:** [Name] | [Phone Number]
- **Health Insurance Provider:** [Company Name] | [Policy Number]

4. Medication and Allergies

Current Medications: [List medications, dosages, and schedules]

Life-Threatening Allergies: [List all allergies, e.g., Penicillin, Latex, Peanuts]

5. Behavioral and Communication Support

Communication Method: [e.g., Verbal, Sign Language, iPad/AAC Device]

Calming Techniques: [Describe what helps the beneficiary during high stress]

Triggers to Avoid: [Describe specific sounds, actions, or environments to avoid]

6. Professional Trustees and Legal Contacts

- **Trustee:** [Name] | [Phone Number] | [Email]
- **Attorney:** [Name] | [Phone Number]

Signature of Grantor/Guardian: _____

Printed Name: [Your Name]