

# LETTER OF INTENT: ADULTHOOD TRANSITION PLANNING

**Date:** [Insert Date]

**Subject:** Care and Transition Plan for [Individual's Full Name]

## 1. IDENTIFICATION

Full Name: [Individual's Full Name]

Date of Birth: [Date of Birth]

Social Security Number: [SSN]

Current Address: [Current Address]

## 2. GUARDIANSHIP AND LEGAL AUTHORITY

Current Legal Guardian(s): [Name of Parents/Current Guardians]

Successor Guardian(s) Nominated: [Name of Successor Guardian]

Power of Attorney (if applicable): [Name of Agent]

Healthcare Proxy: [Name of Healthcare Representative]

## 3. SPECIAL NEEDS TRUST (SNT) INFORMATION

Trust Name: [Exact Name of the Special Needs Trust]

Trustee: [Name of Current Trustee]

Successor Trustee: [Name of Successor Trustee]

Trust Attorney: [Attorney Name and Contact Information]

## 4. GOVERNMENT BENEFITS

Supplemental Security Income (SSI) Amount: \$[Amount]

Social Security Disability Insurance (SSDI) Amount: \$[Amount]

Medicaid ID Number: [ID Number]

Medicare Number: [Number]

SNAP/Housing Subsidies: [Details of other benefits]

## 5. MEDICAL OVERVIEW

Primary Diagnosis: [Diagnosis]

Primary Care Physician: [Doctor Name and Phone]

Current Medications: [List Medications and Dosages]

Allergies: [List All Allergies]

Medical Equipment Needs: [List Equipment, e.g., Wheelchair, CPAP]

## 6. DAILY LIVING AND CARE NEEDS

Routine: [Describe typical daily schedule]

Self-Care Abilities: [Describe abilities regarding hygiene, dressing, and eating]

Communication: [Describe primary mode of communication]

Mobility: [Describe level of assistance needed for movement]

## 7. RESIDENTIAL PREFERENCES

Current Living Arrangement: [Describe current home]

Future Desired Placement: [Describe preferred future setting, e.g., Group home, supervised apartment, staying in family home]

## **8. EDUCATION AND EMPLOYMENT**

Current Program/School: [Name of Program]

Employment/Vocational Status: [Describe job or day program]

Post-Transition Goals: [Describe goals for adulthood work or activity]

## **9. SOCIAL AND RELIGIOUS PREFERENCES**

Interests/Hobbies: [List favorite activities]

Religious Affiliation: [List religion and place of worship]

Dislikes/Triggers: [List things that cause distress]

## **10. SIGNATURES**

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Parent/Current Guardian Signature

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Date