



LETTER OF INTENT WORKSHEET

TO WHOM IT MAY CONCERN:

The following information is to be used by relatives, guardians, concerned professionals, and friends when I am no longer able to actively advocate for, and on behalf _____.

PARENTS SIGNATURE: _____ DATE: _____

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For each applicable area below, list options to guide future caregivers and advocates in decision making and interaction with your child. This information will be used to write your Letter of Intent.

CURRENT CARE STRUCTURE:

Who, or what agency, is Responsible for: _____ DAY PROGRAM: _____

RESIDENTIAL: _____

POINTS OF CONTACTS: When you are no longer here, who should be consulted by those making decisions for your son or daughter?

Advocate: By Their Side, Inc., 1-800-323-9407

Guardian or Sibling: _____

Trustee of Discretionary Funds: _____

Attorney: _____

Service Coordinator: _____

Rep Payee for Social Security: _____

Nursing/Medical Consultant: _____

Bookkeeper: _____

Companion/Assistant: _____

FINANCIAL: Where does the funding come from? DDA Funding _____
Social Security _____
Private Trust _____
Other _____

Who is the Representative Payee for Social Security? _____

MEDICAL CARE: Who is responsible for coordinating medical care? _____

Who provides transportation to medical appointments? _____

What type of medical insurance is provided? _____

MEDICAL CARE: (Continued)

Should a paid nurse be contracted to review records and provide medical oversight? _____
_____. How often? _____

Are extra funds needed annually for:

Vision:	\$	_____
Dental:	\$	_____
Periodontal:	\$	_____
Podiatry:	\$	_____
Medical Care:	\$	_____
PT/OT Evaluations:	\$	_____
Speech Therapy:	\$	_____
Therapeutic Massage:	\$	_____
Transportation:	\$	_____
Nursing Assessment:	\$	_____

EDUCATION/EMPLOYMENT: When monitoring the day program, the advocate will look at:

- (1) The ratio of clients to staff;
- (2) The client's productivity;
- (3) Whether the client is sitting idle or involved in productive activities;
- (4) Whether the job is a good match to the client's ability;
- (5) Safety issues at the job site;
- (6) Staff's interaction with clients;
- (7) How behavior issues are handled by staff.
- (8) The amount of cooperation and communication between day and residential programs.

What other issues should be monitored at the day program? _____

Are extra funds needed annually for:

Transportation	\$	_____
Uniforms:	\$	_____
Suitable Work Clothes:	\$	_____
Lunches/Snacks:	\$	_____
Other:	\$	_____

PERSONAL NEEDS:

How often are Haircuts needed? _____ Permanents? _____
Manicures? _____ Pedicures? _____

Who provides transportation to appointments? _____

Who will do an inventory of clothes? _____ How often? _____

Who will purchase new clothes? _____ How often? _____

What special stores are used for haircuts, manicures, clothes or shoes? _____

PERSONAL NEEDS: (Continued)

Are special types of clothing needed, ie. shoes with velcro, no turtleneck sweaters, only pullover shirts?

Are extra funds needed annually for:

Haircuts:	\$	_____
Permanents:	\$	_____
Manicures:	\$	_____
Pedicures:	\$	_____
Clothing:	\$	_____
Shoes:	\$	_____
Gifts for others:	\$	_____
Magazine Subscription:	\$	_____

RELIGION: Are church services attended on a regular basis? _____ Where? (List name and address:

Who will provide transportation? _____

Is there a contact at church who will provide transportation? _____

Are extra funds needed annually for:

Paid Assistant for church:	\$	_____
Transportation:	\$	_____
Church Offering:	\$	_____

Have pre-planned funeral arrangements been made? _____. Has it been pre-paid? _____
If so, where is the documentation kept? _____

Do you have special instructions for funeral arrangements?

Flowers:	_____
Music:	_____
Readings:	_____
Cremation:	_____
Organ Donation:	_____
Other:	_____

RECREATION: What favorite activities (such as bowling, horseback riding, sports events, going shopping, going out to dinner, movies) do you want to see continued in the future? How often each month? Where? _____

Should a Paid Assistant be contracted to provide supervision for outings in addition to those provided by the agencies? _____. If so, how often? _____.

Should arrangements be made for visits to special friends of the family during the year? _____

RECREATION: (Continued)

Should extra vacation time be planned in addition to group vacations provided by the agencies? Make suggestions regarding types of vacation plans.

Are extra funds needed annually for:	Additional vacation:	\$ _____
	Bowling:	\$ _____
	Horseback Riding:	\$ _____
	Sports Events:	\$ _____
	Paid Assistant:	\$ _____
	Transportation:	\$ _____
	Other:	\$ _____

RESIDENTIAL: When monitoring the residential program, the advocate will look at:

- (1) The ratio of clients to staff;
- (2) The overall condition of the house; is it clean, attractive, safe, and homelike;
- (3) The safety of the neighborhood - is it safe for the client to walk in the area;
- (4) Whether the client is sitting idle or involved in productive activities;
- (5) The compatibility of the housemates;
- (6) Staff's interaction with clients;
- (7) How behavior issues are handled by staff;
- (8) The appearance and condition of the client's private space and bathroom – are they clean and decorated appropriately; is the furniture in good condition or are repairs needed; is the bed and mattress comfortable;
- (9) Do staff and clients share meals and chores;
- (10) Are nutritious meals served;
- (11) The client's appearance – cleanliness, appropriate clothing;
- (12) Staff training protocol.

What other issues should be monitored at the residence? _____

ROLE OF THE TRUSTEE: The Trustee will conserve and manage Trust Fund assets, and withdraw from that fund to meet expenses incurred commensurate with the intentions defined by the Trust Fund documents. Such expenses include the following recommendations offered by the client's parents: (Check and make changes to those that apply to your individual case)

(1) Engage a paid companion for outings _____ times per month and for church _____ times per month. _____

(2) Engage a paid nurse to perform a review of records, provide medical oversight, and report to the Trustee _____ times per year. _____

ROLE OF THE TRUSTEE: (Continued)

- (3) Provide for additional clothing and shoes _____ times per year. _____

- (4) Provide funds for additional vacation and recreational activities. _____

- (5) Provide funds for furnishings in client's room as needed. _____

- (6) Engage By Their Side to provide professional guidance to the Trustee as stipulated below.

ROLE OF BY THEIR SIDE: It is our wish that By Their Side be contracted to provide intervention _____ times each year as stipulated in Supplemental Service Package #____. The intervention should include:

- (1) Attendance at the annual team meeting.
- (2) Make _____ visit each year to day program.
- (3) Make _____ visit(s) each year to residence. During visits, By Their Side should inventory clothing, check to see if anything is needed for private space, and communicate with client regarding wishes for vacations and recreational events. By Their Side should report the visits to the Trustee for additional follow up.
- (4) Phone calls should be made to the day and residential programs as stipulated in the selected Supplemental Service Package. By Their Side will be available as a resource for the Trustee and/or other family members.

BY THEIR SIDE, INC>
SUPPLEMENTAL SERVICE PACKAGES

Supplemental Services Packages are offered to participating families in the By Their Side program. The plans are based on:

- ◆ A specific number of visits to the day and/or residential programs by a Personal Advocate, and
- ◆ A specific number of telephone calls to services providers, and
- ◆ Attendance at the annual team meeting where goals and objectives for the year are developed.

Written reports and recommendations are sent on a regular basis to the person you designate as “Trustee” of discretionary funds or other designated advocate or relative. By Their Side will work with the designated person to resolve problems addressed in the reports.

The Supplemental Service Packages CAN BE CUSTOMIZED to fit the individual needs of the By Their Side member. The packages are based on today’s costs and are subject to increase as our costs increase.

PACKAGE 1
(QUARTERLY INTERVENTION)
(Based on 43.5 annual hours)

- ◆ 3 visits per year with written reports.
- ◆ Attend 1 team meeting with written report.
- ◆ WEEKLY phone calls to Service Providers.
- ◆ Review reports from Service Coordination.
- ◆ Communication with Trustee/Advocate.

ANNUAL COST: \$2292
(A savings of \$435.00 on the hourly fee)

PACKAGE 3
(SEMI-ANNUAL INTERVENTION)
(Based on 22.3 annual hours)

- ◆ 1 visit per year with written reports.
- ◆ Attend 1 team meeting with written report.
- ◆ MONTHLY phone calls to Service Providers.
- ◆ Review reports from Service Coordination.
- ◆ Communication with Trustee/Advocate.

ANNUAL COST: \$1183
(A savings of \$225.00 on the hourly fee)

PACKAGE 2
(QUARTERLY INTERVENTION)
(Based on 29.5 annual hours)

- ◆ 3 visits per year with written reports.
- ◆ Attend 1 team meeting with written report.
- ◆ MONTHLY phone calls to Service Providers.
- ◆ Review reports from Service Coordination.
- ◆ Communication with Trustee/Advocate.

ANNUAL COST: \$1592
(A savings of \$295.00 on the hourly fee)

PACKAGE 4
(ANNUAL INTERVENTION)
(Based on 11.0 annual hours)

- ◆ Attend 1 team meeting with written report.
- ◆ QUARTERLY calls to Service Providers.
- ◆ Review reports from Service Coordination.
- ◆ Communication with Trustee/Advocate.

ANNUAL COST: \$579
(A savings of \$110.00 on the hourly fee)
