

Estate/Future Planning

Developed by The Center for Infants and Children with Special Needs: Children's Hospital Medical Center of Cincinnati and The Arc of Hamilton County.

Letter of Intent

No one lives forever, not even parents of children with disabilities. Fears about what will happen to your child after you're gone keep you from doing the very thing that will give you peace of mind: Planning. You fear that your child's quality of life may not be the same as they have now. You also know that it should not be left totally up to their sister or brother to care for them. Sometimes the thought of all of this is so overwhelming that you don't even know where to start.

This section is that starting place. It can be a way to facilitate discussion among your family members or just a way to begin organizing your own thoughts and getting them down on paper. You can begin with the less emotional section like the Personal Information before moving on to the more difficult task of choosing a Guardian. Guardianship guidelines vary from state to state. Your attorney can advise you, but not all attorneys are familiar with Special Needs Trusts. A list of attorneys who specialize in this area may be obtained through the national, state or local Arc. Update the plan annually; birthdays are a good time to do this. Don't forget to make copies and give them to all those who should know about your wishes. Planning is a process that takes time, but once you have things decided you will be able to breathe that sigh of relief knowing you no longer have to worry about the future.

Parent/Caregiver Signature_____

Date_____

Parent/Caregiver Signature_____

Date_____

Family Information

Mother's Name _____

Maiden Name _____

Social Security Number _____

Address _____

Phone Number _____

Father's Name _____

Social Security Number _____

Address _____

Phone Number _____

Sibling(s)

Name _____

Spouse _____

Address _____

Phone Number _____

Name _____

Spouse _____

Address _____

Phone Number _____

Name _____

Spouse _____

Address _____

Phone Number _____

Name _____

Spouse _____

Address _____

Phone Number _____

Name _____

Spouse _____

Address _____

Phone Number _____

NAMES AND ADDRESSES OF OTHER RELATIVES

And whether they have been notified that you have established a Trust so that if they want to leave money to your child/sibling, to leave it to the Trust.

Name _____
Address _____
Phone Number _____
Notified yes no Date notified _____

Name _____
Address _____
Phone Number _____
Notified yes no Date notified _____

Name _____
Address _____
Phone Number _____
Notified yes no Date notified _____

Name _____
Address _____
Phone Number _____
Notified yes no Date notified _____

Name _____
Address _____
Phone Number _____
Notified yes no Date notified _____

Name _____
Address _____
Phone Number _____
Notified yes no Date notified _____

List of individuals, advocates and/or service providers who touch the life of my child/sibling.

Name _____

Address _____

Phone Number _____

What they typically do with/for my child/sibling

Name _____

Address _____

Phone Number _____

What they typically do with/for my child/sibling

Name _____

Address _____

Phone Number _____

What they typically do with/for my child/sibling

Name _____

Address _____

Phone Number _____

What they typically do with/for my child/sibling

Living Arrangements

Where and in what type of situation would you like to see your child live? Would they live alone or have roommates? What neighborhood? How much supervision would they need?

If currently in a supported living environment, list the following information:

Home Manager

Name and Phone Number _____

Case Manager

Name and Phone Number _____

First Choice of Future Residential Provider

Second Choice _____

Other Service Agencies

(Example: Family Resources, Transportation, etc.)

Agency Name _____

Contact Person _____

Phone Number _____

Reason Used _____

Agency Name _____

Contact Person _____

Phone Number _____

Reason Used _____

Legal/Financial Information

Government/Private Benefits/Assistance

(Example: SSI, Social Security/Disability Insurance)

Type of Benefit_____

Amount_____

Contact Person/Case Worker_____

Department of Human Services Case Worker and Phone Number:

Type of Benefit_____

Amount_____

Other Benefits (currently receiving)

(Example: transportation, cash subsidies/vouchers, utility subsidies)

Other Benefits your child might be entitled to upon your death (Example: Veterans, Railroad)

BANK_____ Branch Location_____

Checking Account Number_____

Safe Deposit box_____

Savings Account Number_____

LIFE INSURANCE

Company_____

Policy number_____

BURIAL POLICY

Funeral Home_____

Cemetery_____

Will and Estate Plans

Letters of Guardianship have been approved by:

Judge _____ Date _____

Approved Guardian's Name _____

Address _____

Phone Number _____

Relationship _____

Approved Successor Guardians

Name _____

Address _____

Phone Number _____

Relationship _____

Name _____

Address _____

Phone Number _____

Relationship _____

If a guardian has not been appointed, list in order of preference the people who you would like to serve as guardian, should guardianship prove necessary in the future. Include name(s), address, phone number and the person's relationship to you.

TRUSTS

"Trusts are flexible legal documents by which one party leaves assets to another party (a trustee) to be used for the benefit of another person, charity, and so on. The trust instrument gives specific instructions as to how to pay out the assets. Trusts are not only for the wealthy. They represent a way to withhold assets from someone who may not be old enough, have enough experience, or have the ability to make wise decisions...

Several different trust options are now available that allow provision for people with disabilities without affecting their eligibility for Medicaid and SSI. In general, these trusts cannot be used to pay for support and care (necessities of life) without jeopardizing an individual's eligibility for Medicaid and SSI. It is also worth remembering that it does not take a great deal of money to pay only for supplemental items or luxuries. Thus, the trust doesn't need to have a great deal of money in it to accomplish its purpose." From Estate and Future Planning: Handbook for Ohioans with Disabilities and Their Families," David A Zwyer, Esq, 2004.

Attorney/Agency/Company managing the trust

Address

Phone Number

Location of a copy of the Trust_____

List agencies notified about the Trust_____

LAST WILL AND TESTAMENT

"A document that might be used to more fully explain the intent of a person making a Will is called a Letter of Instruction. It may make sense to more fully express one's wishes in such a Letter of Instruction than is really proper for a legal instrument such as a Will."

From Estate and Future Planning: Handbook for Ohioans with Disabilities and Their Families," David A Zwyer, Esq, 2004.

Attorney _____

Location of a copy of the Will _____

¹Durable Power of Attorney _____