

The Future Is Now

# OUR LETTER OF INTENT

Describing our Hopes and Wishes

for:

Created By:

Date:



Developed by Hamilton County Developmental Disabilities Services Adapted from "Family Future Planning" by the Rehabilitation Research and Training Center on Aging and Developmental Disabilities; Department of Disability and Human Development, University of Illinois at Chicago Funded by the Ohio Developmental Disabilities Council under the Developmental Disabilities Assistance and Bill of Rights Act

# LETTER OF INTENT

## **PURPOSE**

This Letter of Intent is a way for caregivers – especially older caregivers – to outline hopes and plans for the future of their family member with a disability. It is written to and for these caregivers. Siblings of the family member with a disability can also be active in helping draft the Letter of Intent. So often, the process of creating this Letter of Intent helps all members of a family ‘get on the same page’ about the future of the family member with a disability. They also benefit greatly from knowing where to go to find important ideas and information.

The Letter of Intent is a place to record your wisdom, hopes, and plans for the future of your family member with a disability. It can be the ‘one place’ where all the most important information is held. You can share this information with family and friends who will help your family member continue to live a good life when you are not able to be as directly involved as you are now.

Older caregivers can gain peace of mind by knowing that they have a plan that others can turn to when they are unable to continue to provide care – for a short term, in the event of illness or a planned or unexpected absence – or for the long term after the caregiver’s death.

This Letter of Intent is not a legal document – it can, however, be used in conjunction with your legal document such as your will or trust to provide more detail and make your wishes and plans known.

## **HOW THIS WORKBOOK IS ORGANIZED**

This Letter of Intent is organized in five sections, each corresponding with an important issue concerning your family member’s future:

1. Naming Hopes and Dreams, and Worries about the Future
2. Strengthening and Expanding your Family Member’s Personal Network
3. Planning for Where Your Family Will Live
4. Maximizing Government Benefits and Protecting Personal Assets
5. Naming the "Keeper of the Dream" and Determining the Need for Guardianship or Supported Decision-Making

## **FUTURE IS NOW PLANNING SESSIONS**

In January, 2017 Hamilton County Developmental Disabilities Services (DDS) received a five year grant from the Ohio Developmental Disabilities Council (ODDC) to help older caregivers plan for the future of their family member with a disability. As part of this grant, DDS offers older caregivers the opportunity to participate in Future is Now Planning Sessions. In these Planning Sessions, small groups of older caregivers meet to learn from experts and each other about the five issues listed above.

The Future is Now Planning Sessions offers an opportunity to learn about each of these five topics. If you are participating in a Future is Now Planning Sessions, you can complete this Letter of Intent one section at a time as you learn more about each topic.

Families not participating in the planning sessions, can develop this Letter of Intent using information and resources found of the DDS web page: <http://www.hamiltondds.org/futureisnow>



- ✓ Complete the information as you have time – in small steps
- ✓ Don't do this alone – use this as an opportunity to talk with your spouse and other family members, particularly other adult children (if you have other children), and others that you hope will be involved in the life of your son or daughter with a disability well into the future
- ✓ Listen to your son or daughter with a disability. Some people with disabilities can speak directly about their preferences and hopes, others speak through their behavior. Use this as an opportunity to talk and listen about their hopes and fears so that this plan reflects their ideas as well as yours.
- ✓ Keep this information in a safe place. Since it does contain personal information, you'll want to keep this in the same place that you store your other important documents.

## GENERAL INFORMATION

PERSON (WITH A DISABILITY) WHO IS THE FOCUS OF THIS LETTER OF INTENT

Created By:

Date of Birth:

Current Primary Caregiver/s for this person

Name(s):

Phone Number:

AUTHORS OF THIS LETTER OF INTENT

Name(s):

Relationship:

Name(s):

Relationship:

Name(s):

Relationship:

Date :

## KEY INFORMATION

The information on this page can be used in the event of an emergency involving the primary caregivers, or in a situation where the caregivers are temporarily unavailable for any reason (illness, accident, etc.). Caregivers can use this space to share key information that might get lost if they are they not present to share it. (Medical and contact information is on the following page.)

What's most important to our family member?

What others should know about how to best communicate with our family member:

Important information about our family member's routine and schedule:

Other key information

## IN CASE OF EMERGENCY (OR SHORT TERM NEED FOR HELP)

The information on this page can be used in the event of an emergency involving the primary caregivers, or in a situation where the caregivers are temporarily unavailable for any reason (illness, accident, etc.).

**List people to contact in the event of an emergency – listed in order of preference for who is to be contacted first.**

1. Name(s):	<input type="text"/>	Relationship:	<input type="text"/>
Contact Information: (phone & email)	<input type="text"/>		
2. Name(s):	<input type="text"/>	Relationship:	<input type="text"/>
Contact Information: (phone & email)	<input type="text"/>		
3. Name(s):	<input type="text"/>	Relationship:	<input type="text"/>
Contact Information: (phone & email)	<input type="text"/>		

### Family Member's Benefits

Health Plan:	<input type="text"/>	Member ID:	<input type="text"/>	<input type="checkbox"/> N/A
Medicaid Card Number:	<input type="text"/>			<input type="checkbox"/> N/A
Medicare Card Number:	<input type="text"/>			<input type="checkbox"/> N/A
Social Security Number:	<input type="text"/>	<input type="checkbox"/> NA	Social Security Number:	<input type="text"/>
Instructions on where to locate cards:	<input type="text"/>			

### Services that Your Family Member Currently Receives

In the event of an emergency, other family members may need to know about the day program or other services your family member is engaged in. Your family member with a disability may have a Service and Support Administrator (SSA)- sometimes called "case manager" who helps organize supports and services for your family member through the County Board of DD. In case of emergency, this person may be able to help with information and resources.

SSA/Case Manager:	<input type="text"/>	<input type="checkbox"/> N/A	
Phone:	<input type="text"/>	Email:	<input type="text"/>

### Medical/Health Information

Doctor Name:	<input type="text"/>	Doctor Type:	<input type="text"/>	Phone:	<input type="text"/>
Doctor Name:	<input type="text"/>	Doctor Type:	<input type="text"/>	Phone:	<input type="text"/>
Doctor Name:	<input type="text"/>	Doctor Type:	<input type="text"/>	Phone:	<input type="text"/>
Doctor Name:	<input type="text"/>	Doctor Type:	<input type="text"/>	Phone:	<input type="text"/>

## Medications and Supplements

If your family member takes medication, and is not able to administer these without assistance, others will need to know how to help your family member with medications. If this information is listed elsewhere, you can use this space to direct family members about where to find this information, or who to contact to get up-to-date information about medications.

If you are using this space to list medications and supplements, please remember to list the name of the medication, the dosage, and when/how often it is administered.

### Additional Information about medications (where they are stored; how much help is needed, etc.)

Allergies  N/A



If your family member receives services from a county board, your family member likely has a Service and Support Administrator (SSA). As part of the caregiver(s) ongoing communication and planning with the SSA, the caregiver(s) can let the SSA know who to contact in the event that the primary caretaker(s) are not able to be actively engaged due to an emergency or death.

In case of an emergency involving the caregiver(s), others who are stepping in to help (siblings, extended family, and friends) can contact the SSA right away. The SSA may be able to provide information of supports to help out. The SSA will have information about day programs or other services that the family member currently receives. Especially in situations where the caregiver(s) can no longer share information directly, the SSA has some of the information that can be of immediate help to siblings and others who are stepping in to help.

If your family member receives services from Hamilton County Developmental Disabilities Services (HCDDS), your family member has a My Plan that outlines services and supports received through HCDDS. The SSA is responsible for convening the My Plan meeting. This plan is completed annually and can be revised as changes are needed. The SSA can only share information with people listed as team members on the My Plan. Be sure to list people as team members on the My Plan if you want them to have access to your family member's information in the event that you are no longer able to share information directly yourself.

If you want to update the list of people that have access to your family member's information, and do not want to wait for the My Plan meeting, you can ask the SSA to send a "Release of Information" form for the individual/guardian to complete and sign listing to whom information can be released. Once the form is signed and returned to the SSA, the SSA can release information to that person.

## SECTION 1: NAMING HOPES, DREAMS, AND WORRIES ABOUT THE FUTURE

As caregivers – whether you’re parents or siblings – you hold hopes for your family member’s future. You hold hopes, dreams and worries about what’s possible after you are no longer able to provide care for your loved one.

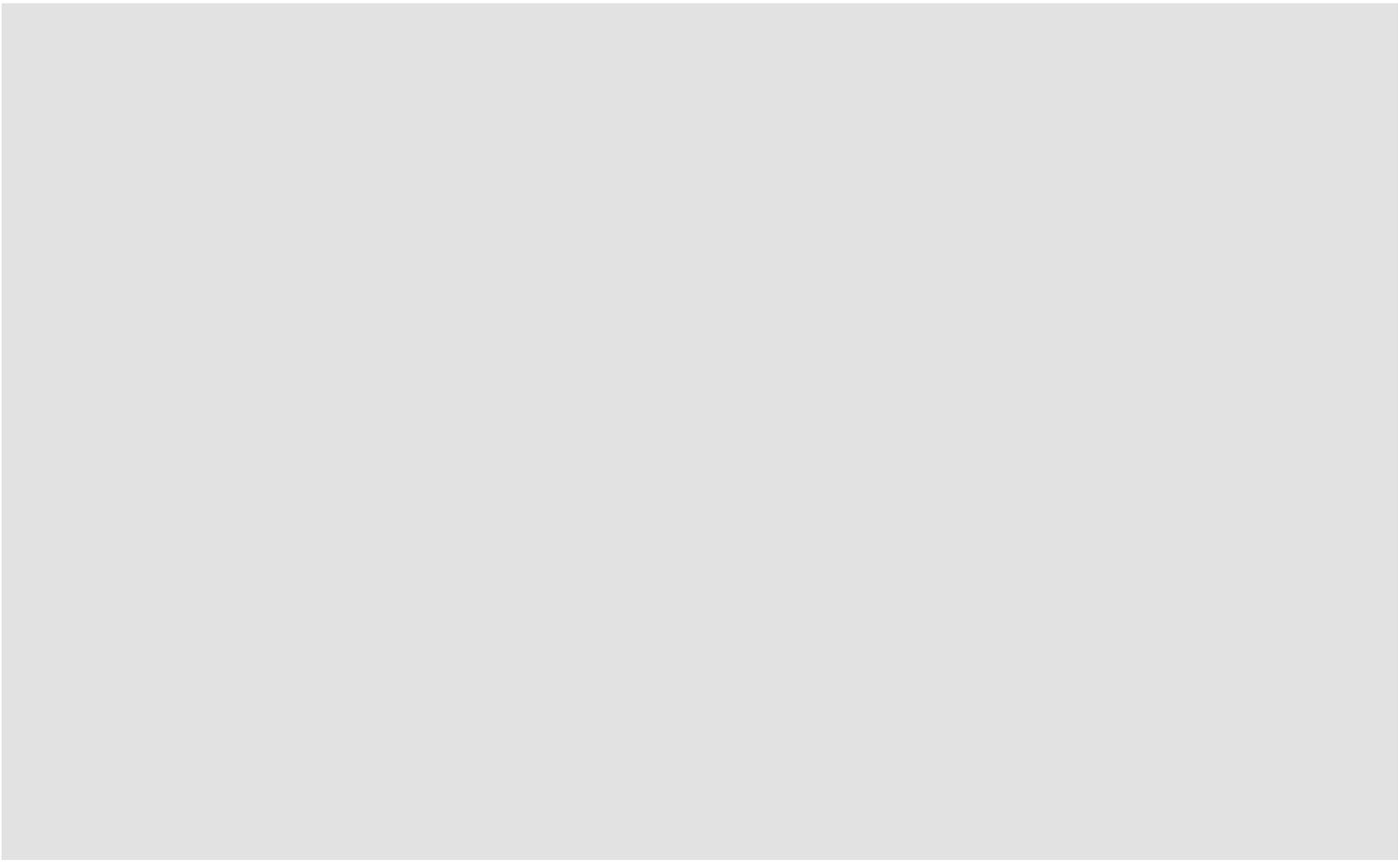
Use the worksheet on the next page to name some hopes, as well as some fears – things you don’t want. If it’s hard to think of hopes, then start with fears – and what you don’t want. Often, these are easier to name.

Think about the arrow as the time you have between NOW – and the time that you can no longer act as the primary caregiver for your loved one.

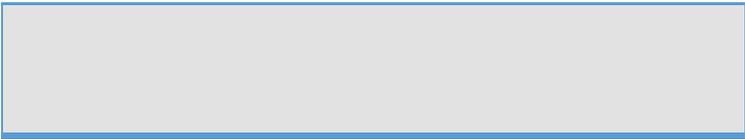
You can use the space at the bottom of the page to make notes about some things YOU CAN DO or LEARN ABOUT so that your family member can be on the path to a good life.

You can use the space at the bottom of the page to make notes about how you might decrease the chances that what you fear will not happen.

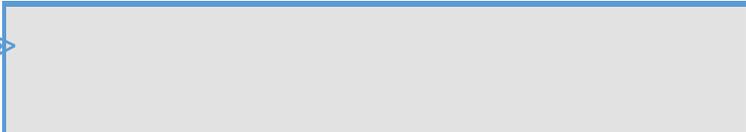
Who else might you talk with about this? Get ideas from? Share this information with? Use the space at the bottom of the page to record these ideas.



## HOPES AND WORRIES ABOUT OUR FAMILY MEMBER'S FUTURE



WHAT ARE YOUR HOPES FOR YOUR FAMILY MEMBER'S FUTURE? WHAT DOES A GOOD LIFE LOOK LIKE FOR YOUR FAMILY MEMBER?



WHAT ARE YOUR FEARS? WHAT ARE THINGS YOU DON'T WANT?

### THINGS TO TALK ABOUT:

1. What can you (the caregiver/s) can do or learn about NOW (and over the next few weeks) to help increase the chances that what we want to happen will actually happen?



2. What can you (the caregiver/s) do NOW (and over the next few weeks) to decrease the chances that what you fear will not happen?



3. Who else can you share this with?

