



Child's Name: _____

Date of Birth: _____

CARE SCHEDULE

TIME	CARE
Morning	





Child's Name: _____

Date of Birth: _____

HOME SCHEDULE

Day	Time	Name	Type	Phone #	Comments
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					





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MY CHILD'S TYPICAL BEHAVIOR

My child's typical temperament is:



What makes your child happy? _____

Does your child run or wander away? If yes, please describe: _____

Does your child have any behaviors that are particularly challenging? _____

Please describe your behavior plan for your child: _____

Your child's favorite toys are: _____

Your child's favorite games are: _____

Other Comments : _____





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MY CHILD'S STATUS WHEN NOTHING IS WRONG

Area to Check:	My child's status when nothing is wrong is:	N/A
Temperature		
Skin color		
Rash		
Drainage		
Heart rate		
Nose		
Eyes		
Ears		
Fontanel		
Seizure activity		
Verbal skills		
Activity Level		
Breathing		
Vent dependent / Trach. / C-Pap		
Oxygen		
Motor skills		
Upper Body Extremities		
Lower Body Extremities		
Stool		
Urine		
Feeding Behaviors and Source		
Ostomy sites		
Behavior / Attitude		
Sleeping Pattern		
Blood sugars		
Other		
Other		





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COMMUNICATION INFORMATION

Use this page to record your child's ability to communicate and to understand others. Describe how your child communicates; including sign language words, gestures, or any assistive technology or help your child uses to communicate. Include any special words your family and child use to describe things.

My child is verbal /non-verbal (circle one)

He / she communicates by: _____

It is important to know: _____





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LIFE PLANNING CHECKLIST

Life Planning Information for:

(CHILD NAME)

Life Planning Checklist	Completed Date	Reviewed Date	Date Updated
Letter of Intent (Insert)			
Notify relatives and friends that you have established a Trust, and if they want to leave money to your loved one, leave it to the Trust			
Copy of Birth Certificate			
Copy of Social Security Card			
Copy of all medical cards (Medicaid, Medicare, etc.)			
Information about/letters from the Social Security Administration (types of benefits received)			
Choose 3 people who have agreed to become a guardian or advocate			
Establish a Trust (Copy of Trust in folder)			
Notify the County Board of MR/DD or other appropriate agencies that you have established a Trust.			
Signed my Last Will and Testament			
Change beneficiaries on all accounts/policies removing my loved one's name			
Made copies of this plan and have given it to family members			





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PEOPLE IN MY CHILD'S LIFE

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:





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List of persons 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: _____

Name: _____

Address: _____

Phone Number: _____

Notified: Yes No Date Notified: _____

Name: _____

Address: _____

Phone Number: _____

Notified: Yes No Date Notified: _____





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ESTATE / FUTURE PLANNING

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 Trust. 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 _____





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MEDICAL POWER OF ATTORNEY

I, _____,
(Name of Parent of Guardian)

do give permission for the following people to make decisions regarding medical treatment for my child, _____, should need arise.
(Child's Name)

Power of Attorney is given for emergency medical and dental care, including anesthesia when it is needed. This consent is effective from this date and remains active until the date indicated here, unless otherwise revoked:

(Date)

Name: _____

Address: _____

Phone: _____

Beeper: _____

Name: _____

Address: _____

Phone: _____

Beeper: _____

Name: _____

Address: _____

Phone: _____

Beeper: _____

NOTARY

Parent Name: _____

Parent Signature: _____ **Date:** _____

Notary Name: _____

Notary Signature: _____ **Date:** _____





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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 Numbers: _____

BURIAL POLICY

Funeral Home: _____

Cemetery: _____





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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 & Phone Number: _____

Case Manager

Name & 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: _____





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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: _____

Durable Power of Attorney: _____





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Notary Signature: _____ Date: _____

CARE SUMMARY: TRANSITIONS – LOOKING AHEAD

Your child and family may go through or have many transitions, small and large, over the years. Three key transitions are:

- When your child reaches school age
- When he or she nears adolescence
- When your child moves from adolescence into adulthood.

Other transitions may involve moving into new programs, working with new agencies, and care providers, or making new friends. Transitions involve changes; adding new expectations, responsibilities, or resources, and letting go of others.

It is not always easy to think about the future. There may be many things, including what has to be done today, that keep you from looking ahead. It may be helpful to take some time to jot down a few ideas about your child's and family's future. You might start by thinking about your child's and family's strengths. How can these strengths help you plan for "what's next" and for reaching long term goals? What are your dreams and your fears about your child's and family's future?

Date: _____



