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Letter of Intent for:

Child's name here

Written by:

Your name here

Relationship to the person with the disability:

Relationship here

Date updated:

Click or tap to enter a date.

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Information About **Insert Father's Name**

GENERAL INFORMATION	
Full Name: Click or tap here to enter text.	Social Security #: Click or tap here to enter text.
Complete Address: Click or tap here to enter text.	
Home Phone #: Click or tap here to enter text.	Work Phone #: Click or tap here to enter text.
Date of Birth: Click or tap to enter a date.	Place of Birth: Click or tap here to enter text.
City/Town/Country Raised: Click or tap here to enter text.	Fluent Languages: Click or tap here to enter text.
Religion: Click or tap here to enter text.	Race: Click or tap here to enter text.
Blood Type: Click or tap here to enter text.	U.S. Citizen: Click or tap here to enter text.

MARITAL STATUS	
Where Marriage took place: Click or tap here to enter text.	Date: Click or tap to enter a date.
# of Children from marriage: Click or tap here to enter text.	

PREVIOUS or SUBSEQUENT MARRIAGES – INFO	
Names of Other Wives: Click or tap here to enter text.	Date of Birth/Date of Marriage: Click or tap to enter a date.
Children from Previous Marriage: Click or tap here to enter text.	Dates of Birth: Click or tap to enter a date.
Click or tap here to enter text.	Click or tap to enter a date.
Click or tap here to enter text.	Click or tap to enter a date.
Click or tap here to enter text.	Click or tap to enter a date.
Click or tap here to enter text.	Click or tap to enter a date.
Click or tap here to enter text.	Click or tap to enter a date.
Click or tap here to enter text.	Click or tap to enter a date.

FAMILY INFO – <i>(Provide complete names of father's siblings and parents. For those still living, list addresses and phone numbers as well as pertinent biographical information.)</i>	
Name/Address/Phone #: Click or tap here to enter text.	Biographical Info: Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.

Click or tap here to enter text.	Click or tap here to enter text.
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Click or tap here to enter text.	Click or tap here to enter text.

This form collects data for informational purposes only and does not supersede any data or information reported on official Cambridge forms. This information is provided by you (the client). If any of the information is incorrect, you should notify your financial professional. The information provided by you should be reviewed periodically and updated when either the information or your circumstances change.

Information About **Insert mother's name**

GENERAL INFORMATION	
Full Name: Click or tap here to enter text.	Social Security #: Click or tap here to enter text.
Complete Address: Click or tap here to enter text.	
Home Phone #: Click or tap here to enter text.	Work Phone #: Click or tap here to enter text.
Date of Birth: Click or tap to enter a date.	Place of Birth: Click or tap here to enter text.
City/Town/Country Raised: Click or tap here to enter text.	Fluent Languages: Click or tap here to enter text.
Religion: Click or tap here to enter text.	Race: Click or tap here to enter text.
Blood Type: Click or tap here to enter text.	U.S. Citizen: Click or tap here to enter text.

MARITAL STATUS	
Where Marriage took place: Click or tap here to enter text.	Date: Click or tap to enter a date.
# of Children from marriage: Click or tap here to enter text.	

PREVIOUS or SUBSEQUENT MARRIAGES – INFO	
Names of Other Husbands: Click or tap here to enter text.	Date of Birth/Date of Marriage: Click or tap to enter a date.
Children from Previous Marriage: Click or tap here to enter text.	Date of Birth: Click or tap to enter a date.
Click or tap here to enter text.	Click or tap to enter a date.
Click or tap here to enter text.	Click or tap to enter a date.
Click or tap here to enter text.	Click or tap to enter a date.
Click or tap here to enter text.	Click or tap to enter a date.
Click or tap here to enter text.	Click or tap to enter a date.
Click or tap here to enter text.	Click or tap to enter a date.

FAMILY INFO – <i>(Provide complete names of mother's siblings and parents. For those still living, list addresses and phone numbers as well as pertinent biographical information.)</i>	
Name/Address/Phone #: Click or tap here to enter text.	Biographical Info: Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.

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Click or tap here to enter text.	Click or tap here to enter text.

Information About **Insert child's name**

GENERAL INFORMATION		
Full Name: Click or tap here to enter text.	Likes to be called: Click or tap here to enter text.	Social Security #: Click or tap here to enter text.
Complete Address: Click or tap here to enter text.		
Home Phone #: Click or tap here to enter text.	Work Phone #: Click or tap here to enter text.	
Weight: Click or tap here to enter text.	Height: Click or tap here to enter text.	
Shoe Size: Click or tap here to enter text.	Clothing Sizes: Click or tap here to enter text.	
Gender: Click or tap here to enter text.	Race: Click or tap here to enter text.	Fluent Languages: Click or tap here to enter text.
Religion: Click or tap here to enter text.		U.S. Citizen: Click or tap here to enter text.

BIRTH INFORMATION	
Complications: Click or tap here to enter text.	Date: Click or tap to enter a date.
	Time: Click or tap here to enter text.
	Birth Weight: Click or tap here to enter text.
	Place of Birth: Click or tap here to enter text.
	City/Town Raised: Click or tap here to enter text.

SIBLINGS: <i>(Provide complete names, addresses, phone numbers of all sisters and brothers. Indicate which ones are closest to the person with a disability – both geographically and emotionally.)</i>	
Name/Address/Phone #: Click or tap here to enter text.	Comments: Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
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Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.

MARITAL STATUS	
Spouse's Name: Click or tap here to enter text.	Date of Birth: Click or tap to enter a date.
Name/Address/Phone # of Children from marriage: Click or tap here to enter text.	Date of Birth: Click or tap to enter a date.
Click or tap here to enter text.	Click or tap to enter a date.
Click or tap here to enter text.	Click or tap to enter a date.
Click or tap here to enter text.	Click or tap to enter a date.

PREVIOUS or SUBSEQUENT MARRIAGES – INFO	
Name/Address/Phone # of Other Spouses: Click or tap here to enter text.	Date of Marriage: Click or tap to enter a date.
Click or tap here to enter text.	Click or tap to enter a date.
Click or tap here to enter text.	Click or tap to enter a date.
Click or tap here to enter text.	Click or tap to enter a date.
Name/Address/Phone # of Children from marriage: Click or tap here to enter text.	Date of Birth: Click or tap to enter a date.
Click or tap here to enter text.	Click or tap to enter a date.
Click or tap here to enter text.	Click or tap to enter a date.
Click or tap here to enter text.	Click or tap to enter a date.

OTHER RELATIONSHIPS <i>(List specific friends & relatives your child knows and likes, describe relationship.)</i>	
Name/Address/Phone #: Click or tap here to enter text.	Relationship: Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.

GUARDIANS: <i>(Indicate whether your child has been declared incompetent and whether any guardians have been appointed. List name, address, phone number of each guardian and indicate whether that person is a guardian of the person or guardian of the estate, plenary or limited.)</i>	
Name/Address/Phone #: Click or tap here to enter text.	Guardianship Details: Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.

SUCCESSOR GUARDIANS: <i>(If chosen, list full names, addresses and phone numbers.)</i>	
Name/Address/Phone #: Click or tap here to enter text.	Guardianship Details: Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.

ADVOCATES: <i>(List people, in order, who you foresee acting as advocates for your child after your death.)</i>	
Name/Address/Phone #/Relationship: Click or tap here to enter text.	Comments: Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.

TRUSTEE: <i>(Indicate whether you have set up a trust for your child and list the full names, addresses, and phone numbers of all trustees.)</i>	
Name/Address/Phone #: Click or tap here to enter text.	Comments: Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.

REPRESENTATIVE PAYEE: <i>(Indicate whether your son or daughter has or needs a representative payee to manage public entitlements, such as Supplemental Security Income or Social Security.)</i>	
Name/Address/Phone #: Click or tap here to enter text.	Comments: Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.

POWER OF ATTORNEY: <i>(If anyone has power of attorney list name/address/phone and indicate whether this is a durable power of attorney.)</i>	
Name/Address/Phone #: Click or tap here to enter text.	Details: Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.

FINAL ARRANGEMENTS: <i>(Describe any arrangements that have been made for your child's funeral and burial. List the full names of companies or individuals, their addresses and phone numbers. Also list all payments made and specify what is covered. If no arrangements have been made, indicate your preferences.)</i>	
Click or tap here to enter text.	
Click or tap here to enter text.	
Click or tap here to enter text.	

Medical History For **Insert child's name**

Diagnoses: <i>(List main diagnosis for condition.)</i> Click or tap here to enter text.
Seizures: <i>(Indicate seizure history, list anything that may act as a trigger for seizure.)</i> Click or tap here to enter text.
Functioning: <i>(Indicate your child's intellectual functioning level – mild, moderate, severe, profound, etc.)</i> Click or tap here to enter text.
Vision: <i>(Indicate status – normal, glasses, impaired, legally blind, etc.)</i> Click or tap here to enter text.
Hearing: <i>(Indicate status – normal, hearing aid, impaired, deaf, etc.)</i> Click or tap here to enter text.
Speech: <i>(Indicate status, if child is non-verbal, specify the techniques of communication.)</i> Click or tap here to enter text.
Mobility: <i>(Indicate level of mobility – normal, impaired, wheelchair, etc.)</i> Click or tap here to enter text.
Blood: <i>(List blood type and any special problems concerning blood.)</i> Click or tap here to enter text.
Insurance: <i>(List type, amount, policy number for medical insurance covering son/daughter. What is included in coverage now? Indicate how this would change upon the death of either parent. Make sure you include Medicare and Medicaid, if relevant.)</i> Click or tap here to enter text.
Current Physicians: <i>(List full names, types of practice, addresses, phone numbers, the average number of times your child visits them each year, the total charges from each doctor during the last year, and the amounts not covered by a third party [insurance].)</i> Click or tap here to enter text.
Previous Physicians: <i>(List their full names, addresses, phone numbers, the type of practice, and the most common reasons they saw your child. Describe any important findings or treatment. Explain why you no longer choose to consult them.)</i> Click or tap here to enter text.
Dentist: <i>(List the name, address, and phone number of your child's dentist, as well as the frequency of exams. Indicate what special treatments or recommendations the dentist has made. Also, list the best alternatives for dental care in case the dentist is no longer available.)</i> Click or tap here to enter text.
Nursing Needs: <i>(Indicate your child's needs for nursing care, list the reasons, procedures, nursing skill required, etc. Is this care usually provided at home, at a clinic, or in a doctor's office?)</i> Click or tap here to enter text.
Mental Health: <i>(If your child has visited a psychiatrist, psychologist, or mental health counselor, list the name of each professional, the frequency of visits, and the goals of the sessions. What types of therapy have been successful? What types have not worked?)</i> Click or tap here to enter text.
Therapy: <i>(Physical, Speech, Occupational? List the purposes of each type, name, address, and phone number of each therapist. What assistive devices have been helpful? Has an occupational therapist evaluated your home to assist you in making it more accessible for your child?)</i> Click or tap here to enter text.
Diagnostic Testing: <i>(Info about all diagnostic testing done in the past – name, address, and phone number, test, testing dates, summary of findings. How often do you recommend that diagnostic testing be done? Where?)</i> Click or tap here to enter text.

<p>Genetic Testing: <i>(List the findings of all genetic tests of your child and relatives. Also list the name, address, phone number and testing dates.)</i> Click or tap here to enter text.</p>
<p>Immunizations: <i>(List the type and dates of all immunizations.)</i> Click or tap here to enter text.</p>
<p>Diseases: <i>(List all childhood diseases and the date of their occurrence. List any other infectious diseases your child has had in the past. List any infectious diseases your child currently has. Has your child been diagnosed as a carrier for any disease?)</i> Click or tap here to enter text.</p>
<p>Allergies: <i>(List all allergies and current treatments. Describe past treatments and their effectiveness.)</i> Click or tap here to enter text.</p>
<p>Other Problems: <i>(Describe any special problems your child has, such as bad reactions to the sun or staph infections if he or she becomes too warm.)</i> Click or tap here to enter text.</p>
<p>Procedures: <i>(Describe any helpful hygiene procedures such as cleaning wax out of ears periodically, trimming toenails, or cleaning teeth. Are these procedures currently done at home or by a doctor or other professional? What do you recommend for the future?)</i> Click or tap here to enter text.</p>
<p>Operations: <i>(List all operations and the dates and places of their occurrence.)</i> Click or tap here to enter text.</p>
<p>Hospitalization: <i>(List any other periods of hospitalization your child has had. List the people you recommend to monitor your child's voluntary or involuntary hospitalizations and to act as liaison with doctors.)</i> Click or tap here to enter text.</p>
<p>Birth Control: <i>(If your son or daughter uses any kind of birth control pill or device, list the type, dates used and doctor prescribing it.)</i> Click or tap here to enter text.</p>
<p>Devices: <i>(Does your son or daughter need any adaptive or prosthetic devices, such as glasses, braces, shoes, hearing aids, or artificial limbs?)</i> Click or tap here to enter text.</p>
<p>Medications: <i>(List all prescription medications currently being taken, plus the dosage and purpose of each one. Describe your feelings about the medications. List any particular medications that have proved effective for particular problems that have occurred frequently in the past and the doctor prescribing the medicine. List medications that have not worked well in the past and the reasons. Include medications that have caused allergic reactions.)</i> Click or tap here to enter text.</p>
<p>OTC: <i>(List any over-the-counter medications that have proved helpful, such as vitamins or dandruff shampoo. Describe the conditions helped by these medications and frequency of use.)</i> Click or tap here to enter text.</p>
<p>Monitoring: <i>(Indicate whether your child's needs someone to monitor the taking of medications or to apply ointments, etc. If so, who currently does this? What special qualifications would this person need?)</i> Click or tap here to enter text.</p>
<p>Procurement: <i>(Does your child need someone to procure medications?)</i> Click or tap here to enter text.</p>
<p>Diet: <i>(If your child has a special diet of any kind, please describe it in detail and indicate the reasons for the diet. If there is no special diet, you might want to include tips about what works well for avoiding weight gain and for following the general guidelines of a balanced, healthy diet. You might also describe the foods your child likes best and where the recipes for these foods can be found.)</i> Click or tap here to enter text.</p>
<p>Additional Comments: Click or tap here to enter text.</p>

What Works Well for **Insert child's name**

HOUSING		
Present: <i>(Describe current living situation and indicate advantages/disadvantages.)</i> Click or tap here to enter text.		
Past: <i>(Describe past living situations. What worked? What didn't?)</i> Click or tap here to enter text.		
Future: <i>(Describe in detail any plans that have been made for future living situations. Describe your idea of the best living arrangement for your child at various ages or stages. Prioritize your desires. For each age or state, which of the following living arrangements would you prefer?)</i>		
Prioritize:		Description:
Indicate level of priority/preference from 1-8, with 1 being highest preference and 8 being lowest preference.	A relative's home: <i>(Which relative?)</i> Click or tap here to enter text.	Click or tap here to enter text.
Indicate level of priority/preference from 1-8, with 1 being highest preference and 8 being lowest preference.	Supported living in an apartment or house with Click or tap here to enter text. hours of supervision.	Click or tap here to enter text.
Indicate level of priority/preference from 1-8, with 1 being highest preference and 8 being lowest preference.	A group home with no more than Click or tap here to enter text. residents.	Click or tap here to enter text.
Indicate level of priority/preference from 1-8, with 1 being highest preference and 8 being lowest preference.	A state institution: <i>(Which one?)</i> Click or tap here to enter text.	Click or tap here to enter text.

Indicate level of priority/preference from 1-8, with 1 being highest preference and 8 being lowest preference.	A private institution: <i>(Which one?)</i> Click or tap here to enter text.	Click or tap here to enter text.
Indicate level of priority/preference from 1-8, with 1 being highest preference and 8 being lowest preference.	Adult foster care.	Click or tap here to enter text.
Indicate level of priority/preference from 1-8, with 1 being highest preference and 8 being lowest preference.	Parent-owned housing with Click or tap here to enter text. hours of supervision.	Click or tap here to enter text.
Indicate level of priority/preference from 1-8, with 1 being highest preference and 8 being lowest preference.	Housing owned by your child with Click or tap here to enter text. hours of supervision, etc.	Click or tap here to enter text.
Size: <i>(Indicate the minimum and maximum sizes of any residential options that you consider suitable.)</i> Click or tap here to enter text.		
Adaptation: <i>(Does the residence need to be adapted with ramps, grab bars or other assistive devices?)</i> Click or tap here to enter text.		
Community: <i>(List the types of places that would need to be conveniently reached from your child's home. Include favorite restaurants, shopping areas, recreation areas, libraries, museums, banks, etc.)</i> Click or tap here to enter text.		

DAILY LIVING SKILLS	
IPP: <i>(Describe your child's current Individual Program Plan.)</i> Click or tap here to enter text.	
Current Activities: <i>(Describe an average daily schedule. Also, describe activities usually done on "days off".)</i> Click or tap here to enter text.	
Average Morning: Click or tap here to enter text.	Average Afternoon: Click or tap here to enter text.
"Day Off" Morning: Click or tap here to enter text.	"Day Off" Afternoon: Click or tap here to enter text.
Monitoring: <i>(Discuss thoroughly whether someone needs to monitor or help with the following items.)</i>	
Items:	Describe help needed:
Self-care skills like personal hygiene or dressing.	Click or tap here to enter text.
Domestic activities like housekeeping, cooking, shopping for clothes, doing laundry, or shopping for groceries and cleaning supplies.	Click or tap here to enter text.
Transportation for daily commuting, recreational activities, and emergencies.	Click or tap here to enter text.
Reinforcement of social and interpersonal activities with others to develop social skills.	Click or tap here to enter text.
Other areas.	Click or tap here to enter text.
Caregivers' Attitudes: <i>(Describe how you would like caregivers to treat matters like sanitation, social skills (including table manners, appearance, and relationships with the opposite sex) What values do you want caregivers to demonstrate?)</i> Click or tap here to enter text.	
Self-esteem: <i>(Describe how you best reinforce self-esteem, discussing how you praise and set realistic goals.)</i> Click or tap here to enter text.	
Sleep Habits: <i>(How much sleep does your son/daughter require? Does he/she have any special sleep habits or methods of waking up?)</i> Click or tap here to enter text.	
Personal Finances: <i>(Indicate whether your son/daughter needs assistance with personal banking, bill payments and budgeting. If so, how much help is needed?)</i> Click or tap here to enter text.	
Allowance: <i>(Indicate whether you recommend a personal allowance for your son/daughter. If so, how much? Also, list your recommendations about supervision of how the allowance is spent.)</i> Click or tap here to enter text.	

EDUCATION	
Schools: <i>(List the schools your child has attended at various ages and the level of education completed in each program. Include early intervention, day care and transition programs.)</i>	
School	Age Attended/Level Completed
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Current Programs: <i>(List the specific programs, schools and teachers your son/daughter has now. Include address and phone numbers.)</i>	
School: Click or tap here to enter text.	Address/Phone: Click or tap here to enter text.
Teacher(s): Click or tap here to enter text.	
Specific Programs: Click or tap here to enter text.	
Academics: <i>(Estimate the grade level of your son/daughter's academic skills in reading, writing, math, etc. List any special abilities.)</i>	
Reading: Click or tap here to enter text.	Writing: Click or tap here to enter text.
Math: Click or tap here to enter text.	
Special Abilities: Click or tap here to enter text.	
Emphasis: <i>(Describe the types of educational emphasis (such as academic, vocational, or community-based) on which your son or daughter currently concentrates. What educational emphasis do you think would be best for the future?)</i> Click or tap here to enter text.	
Integration: <i>(Describe the extent that your child has been in regular classes or schools during his/her education. What are your desires for the future? What kinds of undesirable conditions would alter those desires?)</i> Click or tap here to enter text.	

DAY PROGRAM OR WORK
Present: <i>(Describe current day program and/or job.)</i> Click or tap here to enter text.
Past: <i>(Describe past experiences. What worked? What didn't? Why?)</i> Click or tap here to enter text.
Future: <i>(Discuss future objectives. Prioritize your desires.)</i> Click or tap here to enter text.
Assistance: <i>(Indicate to what extent, if any, your son/daughter needs assistance in searching for a job, in being trained, in becoming motivated, and in receiving support or supervision on the job.)</i> Click or tap here to enter text.

LEISURE & RECREATION	
Structured Recreation: <i>(Describe your son/daughter's structured recreational activities. List favorite activities and favorite people involved in each activity.)</i>	
Favorite Activity: Click or tap here to enter text.	Favorite People Involved: Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Unstructured Activities: <i>(What are your child's favorite means of self-expression, interest, and skills (going to movies, listening to music, dancing, collecting baseball cards, painting, bowling, riding a bicycle, roller skating, etc.? List the favorite people involved in each activity.)</i>	
Activity: Click or tap here to enter text.	Favorite People Involved: Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.

Vacations: *(Describe your son/daughter's favorite vacations. Who organizes them? How often do they occur, and when are they usually scheduled?)*

Click or tap here to enter text.

Fitness: *(If your son/daughter participates in a fitness program, please describe the type of program, as well as the details about where and when it takes place and who oversees it.)*

Click or tap here to enter text.

RELIGION

Religion/Faith: *(List the religion of your son/daughter, if any. Indicate any membership in a particular church, synagogue, mosque, or other establishment/place of worship.)*

Religion/Faith:

Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

Place of Worship:

Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

Clergy: *(List any ministers, priests, rabbis, or other religious/faith community leaders familiar with your son/daughter. Include the names of the places of worship involved and their addresses and phone numbers. Also indicate how often your child might like to be visited by these people.)*

Names of Religious/Faith Leaders:

Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

Address & Phone – Places of Worship:

Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

Participation: *(Estimate how frequently your son/daughter would like to participate in services and other activities of their place of worship. Indicate how this might change over time. Also describe any major, valued events in the past.)*

Click or tap here to enter text.

Rights & Values: *(Please list the rights and values that should be accorded your son/daughter. Some examples are:*

- *To be free from harm, physical restraint, isolation, abuse, and excessive medication.*
- *To refuse behavior modification techniques which cause pain.*
- *To have age-appropriate clothing and appearance.*
- *To have staff, if any, demonstrate respect and caring, and to refrain from using demeaning language.*

Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.
Click or tap here to enter text.
Click or tap here to enter text.

OTHER CONCERNS		
Services and Benefits: <i>(List any services or benefits that your child receives. These might be services for children with physical impairments, developmental disability services, clinics sponsored by support groups, early periodic screening, diagnosis and treatment, employment assistance, food stamps, housing assistance, legal assistance, library services, maternal and child health services, Medicaid, Medicare, Project Head Start, special education, Title XX service programs, transportation assistance, or vocational rehabilitation services.)</i>		
Click or tap here to enter text.		
Click or tap here to enter text.		
Click or tap here to enter text.		
Click or tap here to enter text.		
Click or tap here to enter text.		
Click or tap here to enter text.		
Gaps: <i>(Indicate whether any services or benefits are needed but are not being received by your son/daughter. Indicate whether plans exist to improve the current delivery or services or to obtain needed benefits.)</i>		
Expenses: <i>(List all expenses and indicate who is paying for expense [child, parents, guardians, trustees, third-parties such as insurance companies, etc.].)</i>		
Expense:	Amount:	Paid By:
Housing	Click or tap here to enter text.	Click or tap here to enter text.
Education	Click or tap here to enter text.	Click or tap here to enter text.

Health Care	Click or tap here to enter text.	Click or tap here to enter text.
Recreation	Click or tap here to enter text.	Click or tap here to enter text.
Vocation Training	Click or tap here to enter text.	Click or tap here to enter text.
Personal Spending	Click or tap here to enter text.	Click or tap here to enter text.
List other expense(s)	Click or tap here to enter text.	Click or tap here to enter text.
List other expense(s)	Click or tap here to enter text.	Click or tap here to enter text.
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List other expense(s)	Click or tap here to enter text.	Click or tap here to enter text.
List other expense(s)	Click or tap here to enter text.	Click or tap here to enter text.
Changes: <i>(Indicate how your child's financial picture would change if one or both parents died. Be sure to list any additional cash benefits to which your child would be entitled. Also, list any cash benefits for which your child might be eligible.)</i>		
Click or tap here to enter text.		
Click or tap here to enter text.		
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Click or tap here to enter text.

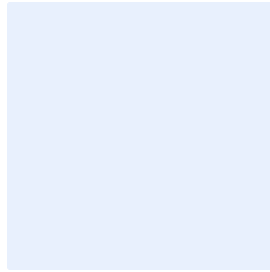
Click or tap here to enter text.

ADDITIONAL MEDICAL INFORMATION

Click or tap here to enter text.

YOUR CHILD'S PICTURE

(Insert a current picture of your child)



COMMENTS
Click or tap here to enter text.