Life-Planning Document Worksheet

Life Planning Document for ______________________________

Written by: ______________________________ Date: ______________

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(Relationship to the person with the disability)

Information about ______________________________
(Father's name)

General Information: List the father's full name, Social Security number, complete address, phone numbers for home and work, date of birth, place of birth, city/town/country where raised, fluent languages, religion, race blood type, number of siblings, and citizenship.

Marital Status: Indicate the father's marital status. If he is currently married, list the date of that marriage, the place the marriage took place, and the number of children from that marriage. Also list the dates of any previous marriages, names of other wives, and names and birth dates of children from each marriage.

Family: List the complete names of the father's siblings and parents. For those still living, list their addresses and phone numbers, as well as pertinent biographical information.

Information about ______________________________
(Mother's name)

General Information: List the mother's full name, Social Security number, complete address, phone numbers for home and work, date of birth, city/town/country where raised, fluent languages, religion, race blood type, number of siblings, and citizenship.

Marital Status: Indicate the mother's marital status. If she is currently married, list the date of that marriage, the place the marriage took place, and the number of children from that marriage. Also list the dates of any previous marriages, names of other husbands, and names and birth dates of children from each marriage.

Family: List the complete names of the mother's siblings and parents. For those still living, list their addresses and phone numbers, as well as pertinent biographical information.

Information About ______________________________
(Son or daughter's name, also referred to throughout as "Beneficiary")

GENERAL INFORMATION

- ***Name:*** List the full name of the Beneficiary, including nickname. Also list the name he or she prefers to be called.
- ***Numbers:*** List the Beneficiary's Social Security number, complete address, telephone numbers for home and work, height, weight, shoe size and clothing size.
- ***More details:*** List gender, race, fluent languages, and religion. Indicate citizenship status.
- ***Birth:*** List the date and time of birth, as well as any complications. List birth weight and place of birth, as well as the city(ies) where raised.
- ***Siblings:*** List the complete names, addresses, and phone numbers of all sisters and brothers. Which ones are closest to the person with a disability - both geographically and emotionally?
- ***Marital Status:*** List the marital status of the Beneficiary. If married, list the spouse's name, his or her date of birth, the names of any children, and their dates of birth. Also list any previous marriages, as well as the names, addresses, and phone numbers for the spouses and children from each marriage.
- ***Other relationships:*** List special friends and relatives known and liked. Describe the relationships. These people can have an invaluable role, as an advocate, guardian or trustee.

- ***Legal Protective Issues:*** Indicate whether the Beneficiary's legal competence has ever been subject to a Probate Court proceedings and whether any court appointments have been made. List the name, address, and phone number of the guardian/conservator and indicate estate, general or limited. State the Probate Court and docket number of each proceeding involving the Beneficiary.
- ***Guardians:*** If successor guardians have been chosen, list their full names, addresses, and phone numbers. Even if no guardian, it is often wise to state in the Letter of Intent any wishes about who be desired to act as a guardian or conservator if one is needed in the future. State any particular limitations or strengths each nominee may possess.
- ***Advocates:*** List the people, in order, who you foresee acting as advocate after the death of both parents. These persons should be contacted to ensure their availability and willingness.
- ***Trustee:*** Indicate whether any trusts have been set up for the person with a disability. Attach a copy of each trust that has been established. List the full names, addresses, and phone numbers of all the trustees.
- ***Representative Payee:*** Indicate whether a representative payee to manage public entitlements, such as Supplemental Security Income or Social Security, is needed.
- ***Health Care Proxy/Advanced Medical Directive:*** Has the Beneficiary established a Health Care Proxy or advanced medical directive? Who is the Health Care Agent? Alternative Health Care Agent?
- ***Power of Attorney:*** If anyone has power of attorney for the Beneficiary, list the person's full name, address, and phone number. Indicate whether this is a durable power of attorney. Provide a copy of each document.
- ***Final arrangements:*** Describe any arrangements that are desired for the funeral and burial of the person with a disability. List the full names of companies or individuals, their address, and phone numbers. Also, list all payments made and specify what is covered.

In the absence of specific arrangements, indicate your preferences for cremation or burial. Should there be a church service? If the preference is for burial, what is the best site? Should there be a monument? If cremation is the choice, what should be done with remains?

MEDICAL HISTORY AND CARE

- ***General Conditions:*** List the main conditions, if any, such as autism, cerebral palsy, Down's Syndrome, epilepsy, impairment due to age, learning disorder, intellectual or developmental disability, neurological disorder, physical disabilities, psychiatric disorder, or an undetermined problem.
- ***Seizures:*** Indicate any seizure history: no seizures; no seizures in the past two years, but not in the past year; or seizures currently. Does anything act as a "trigger" for increased seizure activity?
- ***Vision:*** Indicate the status of vision: normal, normal with glasses, impaired, legally blind, without functional vision, etc. List the date of the last eye test and what was listed on any prescription for eyeglasses.
- ***Hearing:*** Indicate the status of hearing: normal, normal with hearing aid, impaired, deaf, etc.
- ***Speech:*** Indicate the status of speech: normal; impaired, yet understandable; requires sign language; requires use of communication device; non-communicative, etc. If the Beneficiary cannot/does not speak, specify any techniques useful for communication.
- ***Mobility:*** Indicate the level of mobility: normal; impaired, yet self-ambulatory; requires some use of wheelchair or other assistance; dependant on wheelchair or other assistance; without mobility, etc.
- ***Blood:*** List the blood type and any special problems concerning blood.
- ***Insurance:*** List the type, amount, and policy number for the medical insurance currently in effect. What is included in this coverage now? Indicate how this would change upon the death of either parent. Make sure you include Medicare and Medicaid, if relevant.
- ***Current physicians:*** List current physicians, including specialists. Include their full names, types of practice, addresses, phone numbers, the average number of visits each year, the total charges from each doctor during the last year, and the amounts not covered by a third party, such as insurance (including Medicare and Medicaid).
- ***Previous physicians:*** List their full names, addresses, phone numbers, the type of practice, and the most common reasons consulted. Describe any important findings or treatment. Explain why they are no longer involved in providing medical treatment.
- ***Dentist:*** List the name, address, and phone number of 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 current dentist is no longer available.
- ***Nursing needs:*** Indicate current need for active 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?
- ***Mental Health:*** List the name of each psychiatrist, psychologist, or mental health counselor used including the frequency of visits, and the goals of sessions. What types of therapy have been successful? What types have not worked?
- ***Therapy:*** Any physical, speech or occupational therapy needed? List the purpose of each type of therapy, as well as the name, address and phone number of each therapist. What assistive devices have been helpful? Has an occupational therapist evaluated the residential setting to assist in making it more accessible?

- ***Diagnostic testing:*** List information about all past diagnostic testing, including the name of the individual and/or organization administering the test, address, phone number, testing dates, and summary of findings. How often do you recommend that diagnostic testing be done? Where?
- ***Genetic testing:*** List the findings of any genetic testing. Also list the name of the individual and/or organization performing the tests, address, phone number, and the testing dates.
- ***Immunizations:*** List the type and dates of all immunizations.
- ***Diseases:*** List all childhood diseases and the date of their occurrence. List any other infectious diseases. List any infectious diseases currently. Has the Beneficiary been diagnosed as a carrier for any disease?
- ***Allergies:*** List all allergies and current treatment. Describe past treatments and their effectiveness.
- ***Other problems:*** Describe any special problems, such as bad reactions to the sun or staph infections.
- ***Procedures:*** 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?
- ***Operations:*** List all operations and the dates and places of their occurrence.
- ***Hospitalization:*** List any other periods of hospitalization. List the people you recommend to monitor voluntary or involuntary hospitalizations and to act as liaison with doctors.
- ***Birth Control:*** Describe method or device, list the type, dates used, and doctor prescribing it, if any.
- ***Devices:*** Any adaptive or prosthetic devices needed, such as glasses, braces, shoes, hearing aids, or artificial limbs?
- ***Medication:*** List all prescription medication currently being taken, plus the dosage and purpose of each one. Describe feelings about the medications. List any 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 not worked well in the past and the reasons. Include medications that have caused allergic reactions.
- ***OTC Medications:*** List any over-the-counter medications that have proved helpful such as vitamins or dandruff shampoo. Describe the conditions helped by these medications and the frequency of use.
- ***Monitoring:*** Indicate whether someone is needed to monitor the taking of medications or to apply ointments, etc. If so, who currently does this? What special qualifications would this person need?
- ***Procurement:*** Is someone needed to procure medications?
- ***Diet:*** Is a special diet of any kind needed? Please describe it in detail and indicate the reasons for the diet. If there is no special diet, include tips about what works well for avoiding weight gain and for following the general guidelines of a balanced, health diet. Describe preferred foods and where the recipes for these foods can be found.

What Works Well for ____________________

HOUSING

- ***Present:*** Describe current living situation and indicate its advantages and disadvantages.
- ***Past:*** Describe past living situations. What worked? What didn't?
- ***Future:*** Describe in detail any plans that have been made for future living situation. Describe the best living arrangement at various ages or stages, if different. Prioritize desires. For each age or stage, which of the following living arrangements are preferred?
  - A relative's home (Which relative?)
  - Supported living in an apartment or house with__________ hours of supervision/support
  - A group residence with no more than _________ residents
  - A state operated residential service? (Which one?)
  - Foster care for a child
  - Adult foster care
  - Parent-owned housing with _________ hours of supervision/support
  - Housing owned by person with a disability with __________ hours of supervision/support, etc.
  - Size: Indicate the minimum and maximum sizes of any residential option that are considered suitable.
- ***Adaptation:*** Does the residence need to be adapted with ramps, grab bars, or other assistive devices?
- ***Community:*** List the types of places that would need to be conveniently reached from residential setting. Include favorite restaurants, shopping areas, recreation areas, libraries, museums, banks, etc.

DAILY LIVING SKILLS

- ***ISP:*** Attach a copy of current Individual Service Plan, if any.
- ***Current activities:*** Describe an average daily weekly and monthly schedule. Also, describe activities usually done on "days off".
- ***Monitoring:*** Discuss thoroughly what level of support is required with the following items:
    - Self-care skills like personal hygiene or dressing.
    - Domestic activities like housekeeping, cooking, shopping for clothes, doing laundry, or shopping for groceries and cleaning supplies.
    - Transportation for daily commuting, recreational activities, and emergencies.
    - Reinforcement of social and interpersonal activities with others to develop social skills.
    - Other areas.
- ***Direct service/support values and attitudes:*** Describe how you would like to direct service and support staff to treat matters like sanitation, social skills (including table manners, appearance, and relationships with the opposite sex). What values do you want direct service and support staff to have?
- ***Sleep habits:*** How much sleep does the Beneficiary normally require? Any special sleep habits or methods of waking up?
- ***Personal finances:*** Indicate whether assistance is needed with personal banking, bill payments, and budgeting. If so, how much help is needed?
- ***Allowance:*** Indicate whether personal allowance is helpful. If so, how much? Also, list the recommendations about supervision of how the allowance is spent.

EDUCATION

- ***Schools:*** List the schools attended at various ages and the level of education completed in each program. Include early intervention, day care and transition programs.
- ***Current programs:*** List current programs, schools, work, residential and/or respite services. Include addresses and phone numbers.
- ***Academics:*** Estimate the grade level of academic skills in reading, writing, math, etc. List any special abilities.
- ***Emphasis:*** Describe any type of educational emphasis (such as academic, vocational, adult education or community-based) of current interest. Any future educational emphasis?
- ***Integration:*** Describe educational integration experiences in special educational setting. What are the desires for the future? What kinds of undesirable conditions would alter those desires?

DAY PROGRAM OR WORK

- ***Present:*** Describe current day program and/or job.
- ***Past:*** Describe past experiences. What worked? What didn't? Why?
- ***Future:*** Discuss future objectives/goals/dreams. Prioritize.
- ***Assistance:*** Indicate to what extent, if any, assistance is needed in searching for a job, in being trained, in becoming motivated, and in receiving support or supervision on the job.

LEISURE AND RECREATION

- ***Structured recreation:*** Describe structured recreational activities preferred. List favorite activities and the favorite people involved in each activity.
- ***Unstructured activities:*** Described favorite unstructured activities, favorite means of self-expression, interests, 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.
- ***Vacations:*** Describe favorite vacations. Who organizes them? How often do they occur, and when are they usually scheduled?
- ***Fitness:*** If in a current fitness program/regimen, please describe the type of program, as well as details about where and when it takes place and who oversees it.

RELIGION

- ***Faith:*** List the religion, if any. Indicate any membership in a particular church or synagogue.
- ***Clergy:*** List any familiar ministers, priests, or rabbis. Include the names of the churches or synagogues involved and their addresses and phone numbers.
- ***Participation:*** Estimate frequency of participation in services and other activities of the church or synagogue. Indicate how this might change over time. Also describe any major, valued events in the past.

RIGHTS AND VALUES

Please list the guiding rights and values that should be prioritized over time. Here are some examples of what might be listed:

- To be free from harm, physical restraint, isolation, abuse, and excessive medication.
- To refuse behavior modification techniques that 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.
- Other

Give an overview of the Beneficiary's life and the feelings and vision about the future from the perspective of the Beneficiary and of the parents. Describe anything else future service providers, advocates and friends should know.

Finances, Benefits and Services for: ___________________________

- ***Assets:*** List total assets owned by the Beneficiary currently. Indicated how those assets may change in the future – include likely bequests.
- ***Cash Income:*** List various sources of income in the last calendar year. Include wages, government cash benefits, pension funds, trust income, and other income. This might include Social Security, Social Security Disability Income (SSDI), or Supplemental Security Income (SSI).
- ***Services and benefits:*** List any other services or benefits currently received. These might be services provided by local, state or private organizations.
- ***Gaps:*** Indicate whether any services or benefits are needed but are not being received. Is the Beneficiary on a waiting list for services? What is his/her priority on that list, if known? Indicate whether plans exist to improve the current delivery of services or to obtain needed benefits.
- ***Expenses:*** List all expenses paid directly in various categories, such as housing, education, health care, recreation, vocational training, and personal spending. List all expenses paid directly by parents, guardians, or trustees in various categories. List estimates of all expenses paid by third parties, such as insurance companies paying doctors directly or Medicaid paying for residential services.
- ***Changes:*** Indicate below how the current financial picture would change if one or both parents died. Be sure to list any additional cash benefits. Also list any additional cash benefits. Are there any future possible inheritances from other family members (e.g. grandparents, aunt, uncle, etc.)? Have those family members been alerted to the existence of any trust established for the benefit of the Beneficiary?

RESPONSIVE SOLUTIONS

Two simple words that explain our commitment to you. Being responsive is a critical element in building a strong attorney-client relationship. Whether you are a new or existing client, we'll be quick to respond to your needs with the knowledge necessary to find solutions to your legal concerns.

WE HAVE ANSWERS

To learn how we can assist, contact our Special Needs Practice Group Leader Frederick M. Misilo, Jr. at 508.459.8059 or fmisilo@fletchertilton.com.

Ask us about providing a seminar for groups of parents, professionals and advocates on special education issues.

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Estimated Monthly Expenses

Housing	$ ________	Telephone	$ ________
Rent/Mortgage	$ ________	Books/ Magazines	$ ________
Utilities	$ ________	Dues	$ ________
Maintenance	$ ________	Other	$ ________
Cleaning	$ ________	Medical/ Dental	$ ________
Other	$ ________	General	$ ________
Other	$ ________	Therapy	$ ________
Support/Assistance	$ ________	Nursing	$ ________
Live-In	$ ________	Medications	$ ________
Respite	$ ________	Transportation	$ ________
Custodial	$ ________	Insurance	$ ________
Guardian/ Adv.	$ ________	Medical/ Dental	$ ________
Other	$ ________	Auto	$ ________
Food	$ ________	Housing/ Rental	$ ________
Home	$ ________	Life	$ ________
Special Foods	$ ________	Other	$ ________
Other	$ ________	Auto/Maintenance	$ ________
Sports	$ ________	Recreation	$ ________
Vacations	$ ________	TV/VCR	$ ________
Household	$ ________	Entertainment	$ ________
Camp	$ ________	Employment	$ ________
Education	$ ________	Health Beauty	$ ________
Other	$ ________	Special Equipment	$ ________
Personal Needs	$ ________		
Transportation	$ ________		
Clothing	$ ________	TOTAL ESTIMATED SUPPLEMENTARY EXPENSES	$ ________
Hobbies	$ ________		