

LETTER OF INTENT
(Insert the Person's Name)

To Whom It May Concern

Date:

Insert Your Name

Insert Your Address

Insert Your City, State & Zip Code

I, **Insert Your Name**, am writing this Letter of Intent to provide guidance of care, support and what I want for the future of **Insert Your Loved One's Name** in the event I become unable to provide care and support to **Insert Your Loved One's Name**.

I have created an Assistant "How To" Notebook and iMovie's that have detailed information explaining the day to day support needs of **Insert Your Loved One's Name** in an effort that can she has consistency in the way daily care is provided.

My hopes and desires is that **Insert Your Loved One's Name** will always continue to live in Montesano or at least Grays Harbor for health and safety reasons. If **Insert Your Loved One's Name** was to be moved out of Grays Harbor she would lose the social interaction she receives when out in the community where she was born, raised, went to school, also had social activities all her life. She can never go out in to the community when at least one person doesn't come up and talk to **Insert Your Loved One's Name** because they know her. Removing her from Grays Harbor would not be good for her emotional and mental health. Also, if she was to move out of Grays Harbor **Insert Your Loved One's Name** would lose that level of safety and protection of so many eyes that know who she is on her. If someone seen or heard of **Insert Your Loved One's Name** being neglect, abused or taken advantage of they would at least know her name in order to take that situation to the proper authorities.

If at all possible, I would like **Insert Your Loved One's Name** to continue to live in the family home with peoples of all abilities and ages and not just solely with people with disabilities.

Insert Your Loved One's Name is part of the "**Insert Your Family Name**" trust and the provisions for her are listed in that document.

Insert Your Loved One's Name also has a Life Opportunities Trust that is overseen by The Arc of Washington State that has funds available to help meet her needs that her Social Security does not cover.

I appreciate you caring about my **Insert Your Loved One's Name** and reviewing this letter.

Sincerely,

Signature

Insert Your Name

Print Name