

**MARYLAND TRUST FOR RETARDED CITIZENS**

**LETTER OF INTENT WORKSHEET**

TO WHOM IT MAY CONCERN:

*The following information is to be used by relatives, guardians, concerned professionals, and friends when I am no longer able to actively advocate for, and on behalf \_\_\_\_\_.*

PARENTS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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*For each applicable area below, list options to guide future caregivers and advocates in decision making and interaction with your child. This information will be used to write your Letter of Intent.*

**CURRENT CARE STRUCTURE:**

Who, or what agency, is Responsible for: \_\_\_\_\_ DAY PROGRAM: \_\_\_\_\_

RESIDENTIAL: \_\_\_\_\_

**POINTS OF CONTACTS:** When you are no longer here, who should be consulted by those making decisions for your son or daughter?

Advocate: Maryland Trust for Retarded Citizens, 1-800-323-9407

Guardian or Sibling: \_\_\_\_\_

Trustee of Discretionary Funds: \_\_\_\_\_

Attorney: \_\_\_\_\_

Service Coordinator: \_\_\_\_\_

Rep Payee for Social Security: \_\_\_\_\_

Nursing/Medical Consultant: \_\_\_\_\_

Bookkeeper: \_\_\_\_\_

Companion/Assistant: \_\_\_\_\_

**FINANCIAL:** Where does the funding come from? DDA Funding \_\_\_\_\_  
Social Security \_\_\_\_\_  
Private Trust \_\_\_\_\_  
Other \_\_\_\_\_

Who is the Representative Payee for Social Security? \_\_\_\_\_

**MEDICAL CARE:** Who is responsible for coordinating medical care? \_\_\_\_\_

Who provides transportation to medical appointments? \_\_\_\_\_

What type of medical insurance is provided? \_\_\_\_\_

**MEDICAL CARE:** (Continued)

Should a paid nurse be contracted to review records and provide medical oversight? \_\_\_\_\_  
\_\_\_\_\_. How often? \_\_\_\_\_

Are extra funds needed annually for:

Vision:	\$ _____
Dental:	\$ _____
Periodontal:	\$ _____
Podiatry:	\$ _____
Medical Care:	\$ _____
PT/OT Evaluations:	\$ _____
Speech Therapy:	\$ _____
Therapeutic Massage:	\$ _____
Transportation:	\$ _____
Nursing Assessment:	\$ _____

**EDUCATION/EMPLOYMENT:** When monitoring the day program, the advocate will look at:

- (1) The ratio of clients to staff;
- (2) The client's productivity;
- (3) Whether the client is sitting idle or involved in productive activities;
- (4) Whether the job is a good match to the client's ability;
- (5) Safety issues at the job site;
- (6) Staff's interaction with clients;
- (7) How behavior issues are handled by staff.
- (8) The amount of cooperation and communication between day and residential programs.

What other issues should be monitored at the day program? \_\_\_\_\_  
\_\_\_\_\_

Are extra funds needed annually for:

Transportation	\$ _____
Uniforms:	\$ _____
Suitable Work Clothes:	\$ _____
Lunches/Snacks:	\$ _____
Other:	\$ _____

**PERSONAL NEEDS:**

How often are Haircuts needed? \_\_\_\_\_ Permanents? \_\_\_\_\_  
Manicures? \_\_\_\_\_ Pedicures? \_\_\_\_\_

Who provides transportation to appointments? \_\_\_\_\_

Who will do an inventory of clothes? \_\_\_\_\_ How often? \_\_\_\_\_

Who will purchase new clothes? \_\_\_\_\_ How often? \_\_\_\_\_

What special stores are used for haircuts, manicures, clothes or shoes? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL NEEDS:** (Continued)

Are special types of clothing needed, ie. shoes with velcro, no turtleneck sweaters, only pullover shirts?

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Are extra funds needed annually for:

Haircuts:	\$	_____
Permanents:	\$	_____
Manicures:	\$	_____
Pedicures:	\$	_____
Clothing:	\$	_____
Shoes:	\$	_____
Gifts for others:	\$	_____
Magazine Subscription:	\$	_____

**RELIGION:** Are church services attended on a regular basis? \_\_\_\_\_ Where? (List name and address:

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Who will provide transportation? \_\_\_\_\_

Is there a contact at church who will provide transportation? \_\_\_\_\_

Are extra funds needed annually for:

Paid Assistant for church:	\$	_____
Transportation:	\$	_____
Church Offering:	\$	_____

Have pre-planned funeral arrangements been made? \_\_\_\_\_. Has it been pre-paid? \_\_\_\_\_  
If so, where is the documentation kept? \_\_\_\_\_

Do you have special instructions for funeral arrangements?

Flowers:	_____
Music:	_____
Readings:	_____
Cremation:	_____
Organ Donation:	_____
Other:	_____

**RECREATION:** What favorite activities (such as bowling, horseback riding, sports events, going shopping, going out to dinner, movies) do you want to see continued in the future? How often each month? Where? \_\_\_\_\_

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Should a Paid Assistant be contracted to provide supervision for outings in addition to those provided by the agencies? \_\_\_\_\_. If so, how often? \_\_\_\_\_.

Should arrangements be made for visits to special friends of the family during the year? \_\_\_\_\_

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**RECREATION:** (Continued)

Should extra vacation time be planned in addition to group vacations provided by the agencies? Make suggestions regarding types of vacation plans.

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Are extra funds needed annually for:	Additional vacation:	\$ _____
	Bowling:	\$ _____
	Horseback Riding:	\$ _____
	Sports Events:	\$ _____
	Paid Assistant:	\$ _____
	Transportation:	\$ _____
	Other:	\$ _____

**RESIDENTIAL:** When monitoring the residential program, the advocate will look at:

- (1) The ratio of clients to staff;
- (2) The overall condition of the house; is it clean, attractive, safe, and homelike;
- (3) The safety of the neighborhood - is it safe for the client to walk in the area;
- (4) Whether the client is sitting idle or involved in productive activities;
- (5) The compatibility of the housemates;
- (6) Staff's interaction with clients;
- (7) How behavior issues are handled by staff;
- (8) The appearance and condition of the client's private space and bathroom – are they clean and decorated appropriately; is the furniture in good condition or are repairs needed; is the bed and mattress comfortable;
- (9) Do staff and clients share meals and chores;
- (10) Are nutritious meals served;
- (11) The client's appearance – cleanliness, appropriate clothing;
- (12) Staff training protocol.

What other issues should be monitored at the residence? \_\_\_\_\_

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**ROLE OF THE TRUSTEE:** The Trustee will conserve and manage Trust Fund assets, and withdraw from that fund to meet expenses incurred commensurate with the intentions defined by the Trust Fund documents. Such expenses include the following recommendations offered by the client's parents: (Check and make changes to those that apply to your individual case)

(1) Engage a paid companion for outings \_\_\_\_\_ times per month and for church \_\_\_\_\_ times per month. \_\_\_\_\_

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(2) Engage a paid nurse to perform a review of records, provide medical oversight, and report to the Trustee \_\_\_\_\_ times per year. \_\_\_\_\_

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**ROLE OF THE TRUSTEE:** (Continued)

- (3) Provide for additional clothing and shoes \_\_\_\_\_ times per year. \_\_\_\_\_  
\_\_\_\_\_
- (4) Provide funds for additional vacation and recreational activities. \_\_\_\_\_  
\_\_\_\_\_
- (5) Provide funds for furnishings in client's room as needed. \_\_\_\_\_  
\_\_\_\_\_
- (6) Engage the Maryland Trust for Retarded Citizens to provide professional guidance to the Trustee as stipulated below. \_\_\_\_\_  
\_\_\_\_\_

**ROLE OF MARYLAND TRUST FOR RETARDED CITIZENS:** It is our wish that the MTRC be contracted to provide intervention \_\_\_\_\_ times each year as stipulated in Supplemental Service Package #\_\_\_\_. The intervention should include:

- (1) Attendance at the annual team meeting.
- (2) Make \_\_\_\_\_ visit each year to day program.
- (3) Make \_\_\_\_\_ visit(s) each year to residence. During visits, MTRC should inventory clothing, check to see if anything is needed for private space, and communicate with client regarding wishes for vacations and recreational events. MTRC should report the visits to the Trustee for additional follow up.
- (4) Phone calls should be made to the day and residential programs as stipulated in the selected Supplemental Service Package. MTRC will be available as a resource for the Trustee and/or other family members.

**MARYLAND TRUST FOR RETARDED CITIZENS  
SUPPLEMENTAL SERVICE PACKAGES**

Supplemental Services Packages are offered to participating families in the Maryland Trust for Retarded Citizens' program. The plans are based on:

- ◆ A specific number of visits to the day and/or residential programs by a Case Manager, and
- ◆ A specific number of telephone calls to services providers, and
- ◆ Attendance at the annual team meeting where goals and objectives for the year are developed.

Written reports and recommendations are sent on a regular basis to the person you designate as "Trustee" of discretionary funds or other designated advocate or relative. MTRC will work with the designated person to resolve problems addressed in the reports.

The Supplemental Service Packages CAN BE CUSTOMIZED to fit the individual needs of the MTRC member. The packages are based on today's costs and are subject to increase as MTRC's costs increase.

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**PACKAGE 1**  
(QUARTERLY INTERVENTION)  
(Based on 43.5 annual hours)

- ◆ 3 visits per year with written reports.
- ◆ Attend 1 team meeting with written report.
- ◆ WEEKLY phone calls to Service Providers.
- ◆ Review reports from Service Coordination.
- ◆ Communication with Trustee/Advocate.

ANNUAL COST:                 \$2292  
(A savings of \$435.00 on the hourly fee)

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**PACKAGE 2**  
(QUARTERLY INTERVENTION)  
(Based on 29.5 annual hours)

- ◆ 3 visits per year with written reports.
- ◆ Attend 1 team meeting with written report.
- ◆ MONTHLY phone calls to Service Providers.
- ◆ Review reports from Service Coordination.
- ◆ Communication with Trustee/Advocate.

ANNUAL COST:                 \$1592  
(A savings of \$295.00 on the hourly fee)

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**PACKAGE 3**  
(SEMI-ANNUAL INTERVENTION)  
(Based on 22.3 annual hours)

- ◆ 1 visit per year with written reports.
- ◆ Attend 1 team meeting with written report.
- ◆ MONTHLY phone calls to Service Providers.
- ◆ Review reports from Service Coordination.
- ◆ Communication with Trustee/Advocate.

ANNUAL COST:                 \$1183  
(A savings of \$225.00 on the hourly fee)

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**PACKAGE 4**  
(ANNUAL INTERVENTION)  
(Based on 11.0 annual hours)

- ◆ Attend 1 team meeting with written report.
- ◆ QUARTERLY calls to Service Providers.
- ◆ Review reports from Service Coordination.
- ◆ Communication with Trustee/Advocate.

ANNUAL COST:                 \$579  
(A savings of \$110.00 on the hourly fee)

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