River Financial Group, LLC

Letter of Intent

A Personal Road Map for Your Child's Future

A Letter of Intent is a personal statement from you to the future caregivers and trustees of your child. It captures your child's story, preferences, routines, and the vision you hold for their life. While it is not a legally binding document, it is one of the most powerful things you can prepare: a guide that ensures the people who one day step into your role truly understand who your child is and what matters most.

Complete this document thoughtfully and update it as your child grows. Consider attaching it to your Special Needs Trust.

River Financial Group, LLC

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About This Document

DATE PREPARED

DATE LAST UPDATED

PREPARED BY (NAME)

RELATIONSHIP TO CHILD

CHILD'S FULL LEGAL NAME

PREFERRED NAME / NICKNAME

DATE OF BIRTH

SOCIAL SECURITY #

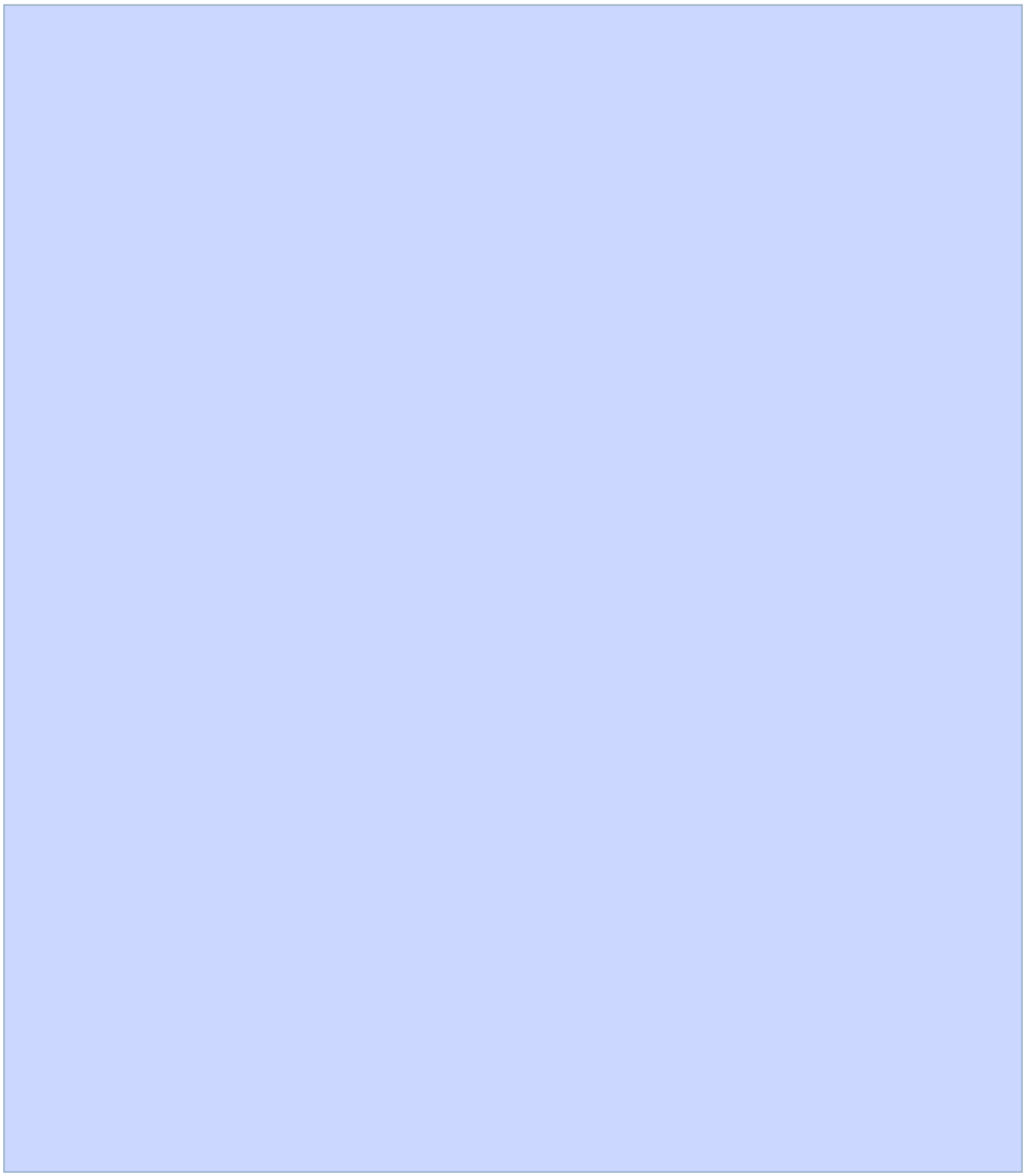
PRIMARY DIAGNOSIS / DISABILITY

SECONDARY DIAGNOSIS (IF ANY)

Update the fields above each time you revisit this document. The date last updated helps future caregivers know how current this information is.

1 General Overview

Provide a brief overview of your child's life to date: their personality, strengths, and what makes them who they are. Share your general feelings and hopes for their future.



2 Your Vision for the Future

Describe what you hope your child's life looks like over the next 5 and 10 years. Consider living situation, daily activities, relationships, employment, and overall wellbeing.

5-YEAR VISION

10-YEAR VISION

3 Family

Who are the important family members in your child's life? Include siblings, cousins, grandparents, and others. Describe what each person means to your child and what they enjoy doing together.

NAME	RELATIONSHIP	WHAT THEY MEAN TO YOUR CHILD / WHAT YOU DO TOGETHER

ADDITIONAL FAMILY NOTES

4 Friends & Social Connections

Who are your child's friends? Describe how they met, how often they connect, and what those friendships mean to your child. Note any ways you've helped your child maintain these relationships.

NAME	HOW THEY MET / CONNECT	WHAT THIS FRIENDSHIP MEANS

ADDITIONAL NOTES

5 Education

Summarize your child's educational history. What has worked well? What hasn't? Include school settings, services received, and extracurricular activities. Name specific programs, teachers, and providers. Include your vision for any post-secondary education.

CURRENT SCHOOL / PROGRAM

GRADE / LEVEL

SCHOOL PHONE

IEP / 504 PLAN

- Yes
- No

CASE MANAGER

SERVICES CURRENTLY RECEIVING

WHAT HAS WORKED / WHAT HASN'T

POST-SECONDARY EDUCATION VISION

6 Employment & Vocation

What type of work do you envision for your child? Describe their interests, strengths, and any specific vocational goals or job experiences they have had.

7 Residential Environment

Where do you envision your child living and with whom? Describe the type of setting and what ongoing supports you believe they will need.

PREFERRED LIVING SETTING

DETAILS / PREFERENCES

8 Activities & Recreation

Describe activities your child enjoys, such as sports, hobbies, music, movies, and games. Note favorite foods, restaurants, and places they love to visit. Include your feelings about nutrition and exercise.

FAVORITE ACTIVITIES & HOBBIES

FAVORITE FOODS, RESTAURANTS & PLACES

NUTRITION & EXERCISE PREFERENCES / CONCERNS

9 Religious & Spiritual Environment

If faith or spirituality is part of your family life, describe where you worship, how often, and who the important members of that community are for your child.

PLACE OF WORSHIP / COMMUNITY

10 Medical Care

List current doctors, therapists, clinics, and hospitals, how often your child attends, and for what purpose. Include current medications (dosage, purpose, how administered) and any medications that have not worked in the past.

PRIMARY CARE PHYSICIAN

PCP PHONE

SPECIALISTS, THERAPISTS, CLINICS & HOSPITALS

NAME / PRACTICE	SPECIALTY	FREQUENCY & PURPOSE

CURRENT MEDICATIONS (NAME, DOSE, PURPOSE, HOW ADMINISTERED)

MEDICATION	DOSE	PURPOSE	HOW ADMINISTERED

MEDICATIONS / TREATMENTS THAT HAVE NOT WORKED

ALLERGIES

11 Dietary Needs & Restrictions

If your child follows a specific diet or has food allergies, describe the requirements, specific foods to avoid or include, and where these foods can be purchased.

12 Behavior Management

Describe your child's current behavior management program, any triggers to be aware of, and calming strategies that work. Note approaches that have not been effective in the past.

CURRENT BEHAVIOR PLAN / STRATEGIES

KNOWN TRIGGERS

WHAT HAS NOT WORKED

13 Financial & Legal Overview

Note the key financial and legal documents in place for your child. This section is for reference and should be updated as your planning evolves.

SPECIAL NEEDS TRUST (SNT)

○ In Place ○ In Progress ○ Not Yet

TRUSTEE NAME

ABLE ACCOUNT

○ In Place ○ In Progress ○ Not Applicable

GUARDIANSHIP / SUPPORTED DECISION-MAKING

○ In Place ○ In Progress ○ Not Yet

GUARDIAN NAME

GOVERNMENT BENEFITS CURRENTLY RECEIVING

14 Final Arrangements

Describe your wishes for your child's funeral and final arrangements. Include any pre-arrangements you have made, preferred funeral home, burial or cremation preferences, cemetery, religious services, and clergy.

This document was completed on:

This document is provided for personal planning purposes only and is not a legal document. Please consult with your attorney, financial planner, and other advisors. River Financial Group, LLC is an independent practice. For guidance on special needs financial planning, contact us at 781.398.1351 or info@riverfg.com.

Update Log

Each time you revisit this document, log what changed here. This gives future caregivers a clear record of what's current.

DATE	WHAT CHANGED	UPDATED BY

Notes

Use this space for anything that didn't fit elsewhere: a detail about a specific provider, a reminder for whoever reads this next, or anything else worth recording.