HARBOR | INVESTMENT ADVISORY

The Curran Knittle Group
curranknittlegroup@harborLLC.com
410.659.8918

Letter of Intent

Name: ______________________________

Date: ______________________________

Prepared by: ______________________________

When this document is updated, don't forget to give new copies to: ______________________________

____

____

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Personal Information

Full Name | Date of Birth

- -

Home Address (Street & Number) | Social Security Number

-

City State Zip | Passport Number

( ) - | ( ) - | ( ) - ext.

Home Phone | Cell Phone | Work Phone

( ) - | ( ) -

Fax Number | Other Phone | E-mail

US Citizen ☐ Yes ☐ No

Registered to Vote ☐ Yes ☐ No

Height | Weight

Hair Color | Eye Color

Medicaid Number | Medicare Number

Spouse name if applicable

Personal Information Mother

Name

Date of Birth

( ) -
Home Address (Street & Number)

Home Phone

-
City State Zip

Home E-mail

( ) -
Cell Phone

( ) -
Other Phone

( ) -
Home Fax

Employer Name

Employer Address

( ) - ext.
Work Phone

( ) -
Work Fax

Work e-mail

Health Concerns / Conditions:

Personal Information Father

Name

Date of Birth

( ) -
Home Address (Street & Number)

Home Phone

-
City State Zip

Home E-mail

( ) -
Cell Phone

( ) -
Other Phone

( ) -
Home Fax

Employer Name

Employer Address

( ) - ext.
Work Phone

( ) -
Work Fax

Work e-mail

Health Concerns / Conditions:

Personal Information

Caretaker/Siblings

Name

Date of Birth

Home Address (Street & Number)

( ) -
Home Phone

-
City State Zip

Home E-mail

( ) -
Cell Phone

( ) -
Other Phone

( ) -
Home Fax

Employer Name

Employer Address

( ) - ext.
Work Phone

( ) -
Work Fax

Work e-mail

Health Concerns / Conditions:

Personal Information

Caretaker/Siblings

Name

Date of Birth

Home Address (Street & Number)

( ) -
Home Phone

-

City State Zip Home E-mail

( ) - Cell Phone

( ) - Other Phone

( ) - Home Fax

Employer Name

Employer Address

( ) - ext. Work Phone

( ) - Work Fax

Work e-mail

Health Concerns / Conditions:

Disability Information

Primary Diagnosis	Cause (if known)
Secondary Diagnosis	Cause (if known)
Secondary Diagnosis	Cause (if known)
Secondary Diagnosis	Cause (if known)

Hospitalizations/Major Illnesses

Condition	Age at Onset	Treatment/Medication	On-going	Resolved
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐

Other Chronic Health Conditions

Condition	Age at Onset	Treatment/Medication	On-going	Resolved
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐

Insurance Information

Primary Health Insurance Company

Subscriber Number

Address

( ) - ext.

Phone

Subscriber

Secondary Health Insurance Company

Subscriber Number

Address

( ) - ext.

Phone

Subscriber

Medicare Number

Address of Office

( ) - ext.

Phone

Case Manager

Medicaid Number

(   )   -   ext.

Address of Office

Phone

Case Manager

Dental Health Insurance Company

Subscriber Number

(   )   -   ext.

Address

Phone

Subscriber

Prescription Drug Insurance Company

Subscriber Number

(   )   -   ext.

Address

Phone

Subscriber

Vision Health Insurance Company

Subscriber Number

(   )   -   ext.

Address

Phone

Subscriber

Other Health Insurance Company

Subscriber Number

(   )   -   ext.

Address

Phone

Subscriber

Current Physicians

Primary Care Physician

Name | Hospital or Clinic

Street Address | City | State | Zipcode -

( ) - ext. | ( ) -

Phone | Fax | e-mail address

Tests and/or Frequency of Visits:

Dentist

Name | Hospital or Clinic

Street Address | City | State | Zipcode -

( ) - ex. | ( ) -

Phone | Fax | e-mail address

Tests and/or Frequency of Visits:

Specialist (Type:)

Name | Hospital or Clinic

Street Address | City | State | Zipcode -

( ) - ex. | ( ) -

Phone | Fax | e-mail address

Tests and/or Frequency of Visits:

Specialist (Type:)

Name | Hospital or Clinic

Street Address | City | State | Zipcode

( ) - ex. | ( ) -

Phone | Fax | e-mail address

Tests and/or Frequency of Visits:

Specialist (Type:)

Name | Hospital or Clinic

Street Address | City | State | Zipcode

( ) - ex. | ( ) -

Phone | Fax | e-mail address

Tests and/or Frequency of Visits:

Specialist (Type:)

Name | Hospital or Clinic

Street Address | City | State | Zipcode

( ) - ex. | ( ) -

Phone | Fax | e-mail address

Tests and/or Frequency of Visits:

Specialist (Type:)

Name | Hospital or Clinic

Street Address | City | State | Zipcode

( ) - ex. | ( ) -

Phone | Fax | e-mail address

Tests and/or Frequency of Visits:

Pharmacy and Hospital Information

Pharmacy

( ) -

Name | Telephone

( ) -

Fax | e-mail

Street Address | City | State | Zip Code

Pharmacy

( ) -

Name | Telephone

( ) -

Fax | e-mail

Street Address | City | State | Zip Code

Regional or Specialized Hospital

Name | Medical Record Number

Address	City	State	Zip Code
( ) -	( ) -		
Phone	Fax		

Local Hospital

Name	Medical Record Number		
Address	City	State	Zip Code
( ) -	( ) -		
Phone	Fax		

Allergies (Food, Medicine, Substances)

Allergy to	Reaction	Treatment

Intolerance (Food, Medicine, Substances)

Intolerance to	Reaction	Treatment

Medicines

Prescription and Non-Prescription

Medicine	Condition	Dosage	Doctor's Name / Phone Number	Start/End Date	Comments/Side Effects
COMMENTS:					

Service Providers/Agencies

Primary State Agency / School District

Street Address

-

City State Zip

Email

( ) - *ext.*

Phone

( ) -

Fax

Contact Person / Title

Supervisor or Director

Services received:

Comment or other information:

Residential

( ) - - *ext.*

Telephone

( ) - -

Fax

E-mail

Contact

Address

-

City State

Services Received:

Comment or other information:

Day/Employment/Program

( ) - - ext.

Telephone

( ) - -

Fax

E-mail

Contact

Address

-

City State

Services Received:

Comment or other information:

Family Support

( ) - - ext.

Telephone

( ) - -

Fax

E-mail

Contact

Address

-

City State

Services Received:

Comment or other information:

Transportation

( ) - - ext.

Telephone

( ) - -

Fax

E-mail

Contact

Address

-

City State

Services Received:

Comment or other information:

Personal Care

( ) - - ext.

Telephone

( ) - -

Fax

E-mail

Contact

Address

-

City State

Services Received:

Comment or other information:

Fiscal Intermediary

( ) - - ext.

Telephone

( ) - -

Fax

E-mail

Contact

Address

-

City State

Services Received:

Comment or other information:

Education

( ) - - ext.

Telephone

( ) - -

Fax

E-mail

Contact

Address

-

City State

Services Received:

Comment or other information:

Other

(   ) -   -   ext.

Telephone

(   ) -   -

Fax

E-mail

Contact

Address

-

City

State

Services Received:

Comment or other information:

Other

(   ) -   -   ext.

Telephone

(   ) -   -

Fax

E-mail

Contact

Address

-

City

State

Services Received:

Comment or other information:

The Curran Knittle Group
curranknittlegroup@harborLLC.com
410.659.8918

Employment History (include volunteer positions)

Jobs held (begin with first job)					
Employer / Address / Phone	Job Title	Start/End Salary	Reason Left	Supports Required	Start/End Dates

Benefits

Social Security (SSI, SSDI) Office	**Address**		
			-
Contact	City	State	Zip Code
( ) - ext.	*( ) -*		
Phone	Fax		

Benefits Received:

Other Information (recertification, etc):

Section 8	**Address**		
			-
Contact	City	State	Zip Code
( ) - ext.	*( ) -*		
Phone	Fax		

Benefits Received:

Other Information (recertification, etc):

Food Stamps	**Address**		
			-
Contact	City	State	Zip Code
( ) - ext.	*( ) -*		
Phone	Fax		

Benefits Received:

Other Information (recertification, etc):

Transportation | **Address**

-

Contact | City | State | Zip Code

( ) - ext. | ( ) -

Phone | Fax

Benefits Received:

Other Information (recertification, etc):

Other | **Address**

-

Contact | City | State | Zip Code

( ) - ext. | ( ) -

Phone | Fax

Benefits Received:

Other Information (recertification, etc):

Other | **Address**

-

Contact | City | State | Zip Code

( ) - ext. | ( ) -

Phone | Fax

Benefits Received:

Community Services/Supports

(Service Coordinator, Religious, Recreation, Arts, Special Olympics, etc.)

Name of Organization	**Address**		
	-		
Contact	City	State	Zip Code
( ) - ext.	( ) -		
Phone	Fax		

Participation:

Other Information:

Name of Organization	**Address**		
	-		
Contact	City	State	Zip Code
( ) - ext.	( ) -		
Phone	Fax		

Participation:

Other Information:

Name of Organization	**Address**		
	-		
Contact	City	State	Zip Code
( ) - ext.	( ) -		
Phone	Fax		

Participation:

Other Information:

Name of Organization	**Address**
	-
Contact	City Stat e Zip Code
( ) - ext.	*( ) -*
Phone	Fax

Participation:

Other Information:

Name of Organization	**Address**
	-
Contact	City Stat e Zip Code
( ) - ext.	*( ) -*
Phone	Fax

Participation:

Other Information:

Legal & Financial Information

Representative Payee Name	**Address**
	-
e-mail	City / State / Zip Code
( ) -	( ) -
Home Phone	Fax
( ) - ext.	( ) -
Work Phone	Cell
	( ) -
Successor Rep Payee	Phone

Power of Attorney	**Address**
	-
e-mail	City / State / Zip Code
( ) -	( ) -
Home Phone	Fax
( ) - ext.	( ) -
Work Phone	Cell
	( ) -
Successor Power of Attorney	Phone

Health Care Proxy	**Address**
	-
e-mail	City / State / Zip Code
( ) -	( ) -
Home Phone	Fax
( ) - ext.	( ) -
Work Phone	Cell
	( ) -
Successor Health Care Proxy	Phone

Authorization to Advocate

Address

-

e-mail

City

Stat
e

Zip Code

( ) -

Home Phone

( ) -

Fax

( ) - *ext.*

Work Phone

( ) -

Cell

( ) -

Successor Advocate

Phone

Name of Trust

Trustee

Type of Trust

Address

Successor of Trustee

Location of copy of trust

Life/Burial Insurance

Policy Number

Company

Address

( ) - *ext.*

Contact

Phone

Financial Planner

Account Number

Company

Address

( ) - *ext.*

Contact	Phone

Insurance Agent	**Policy Number**
Company	Address
Contact	*( ) - ext.* Phone

Accountant/Tax Assistance	**Account Number**
Company	Address
Contact	*( ) - ext.* Phone

Lawyer/Attorney Info	**Account Number**
Company	Address
Contact	*( ) - ext.* Phone

Financial Document Organizer

Covered by a Will

Property/Account		**Beneficiaries**	**Contingent Beneficiaries**	**Location of Title/Statements**	**Contact Info**
	House(s)				
	Car(s)				
	Personal Belongings				
Checking					
Savings					
CDs					
Brokerage Accounts					

Named Beneficiaries

Property/Account		Beneficiaries	Contingent Beneficiaries	Location of Title/Statements	Contact Info
Pension					
Annuity					
Life Insurance	Term				
	Whole Life				
	Work policy				
	LTC				
Retirement Plan					
IRAs					
TOD Brokerage Account					

Location of Important Papers

☐ Health Insurance Cards

Location: ____

☐ Social Security Card
Location: ____

☐ Bank Books/Statements
Location: ____

☐ Life Insurance/Wills
Location: ____

☐ Birth Certificate
Location: ____

☐
Location: ____

☐
Location: ____

☐
Location: ____

☐
Location: ____

☐
Location: ____

☐
Location: ____

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Final Arrangements

Persons to contact at time of death:			
NAME	ADDRESS	PHONE NUMBERS	RELATIONSHIP (Personal, co-worker, neighbor, other)
		( ) - ( ) -	
		( ) - ( ) -	
		( ) - ( ) -	

Funeral and burial arrangements have been made:	☐ Yes	☐ No	Prepaid:	☐ Yes	☐ No
Burial plot purchased:	☐ Yes	☐ No	Headstone/Marker:	☐ Yes	☐ No

Type of Marker preferred and epitaph:	If prepaid, policies, contracts can be found:

Cemetery/Mausoleum Name:	Address	Phone Number
		( ) -
Preferred funeral company (if applicable):		
Name	Address	Phone Number
		( ) -

Cremation:			
Ashes Given to:	Name :		Address :
Memorial Service:	☐ Yes	☐ No	Location:
Special content:	☐ Yes	☐ No	Describe:
Flowers	☐ Yes	☐ No	Specified donations:

Songs to be played:	
Invite these persons to the service:	

Preferred Clergy/Eulogist	Address	Phone Number
		( ) -
		( ) -

Friends and Extended Family

These are the people who know and understand the best interests of your family member and that could be helpful and supportive.

Name	**Relationship**
	( ) -
Address	Home Phone
-	( ) - / ( ) -
City / State / Zip Code	Home Fax / Cell Phone
Email	Additional Information

Name	**Relationship**
	( ) -
Address	Home Phone
-	( ) - / ( ) -
City / State / Zip Code	Home Fax / Cell Phone
Email	Additional Information

Name	**Relationship**
	( ) -
Address	Home Phone
-	( ) - / ( ) -
City / State / Zip Code	Home Fax / Cell Phone
Email	Additional Information

Name	Relationship
Address	( ) - Home Phone
City State - Zip Code	( ) - Home Fax ( ) - Cell Phone
Email	Additional Information

Name	Relationship
Address	( ) - Home Phone
City State - Zip Code	( ) - Home Fax ( ) - Cell Phone
Email	Additional Information

Likes and Dislikes

Likes

Favorite foods, drinks, restaurants:

Favorite TV shows, movies, sports, hobbies, etc:

Favorite clothing or possessions (include styles, patterns, preferred fastners, etc):

Provide clothes/shoe sizes:

Favorite destinations:

Favorite friends:

Favorite staff:

Other favorites (pets, colors, etc.)

Dislikes

People:

Animals:

Clothing:

Fears (the dark, loud noises, heights, etc)

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curranknittlegroup@harborLLC.com
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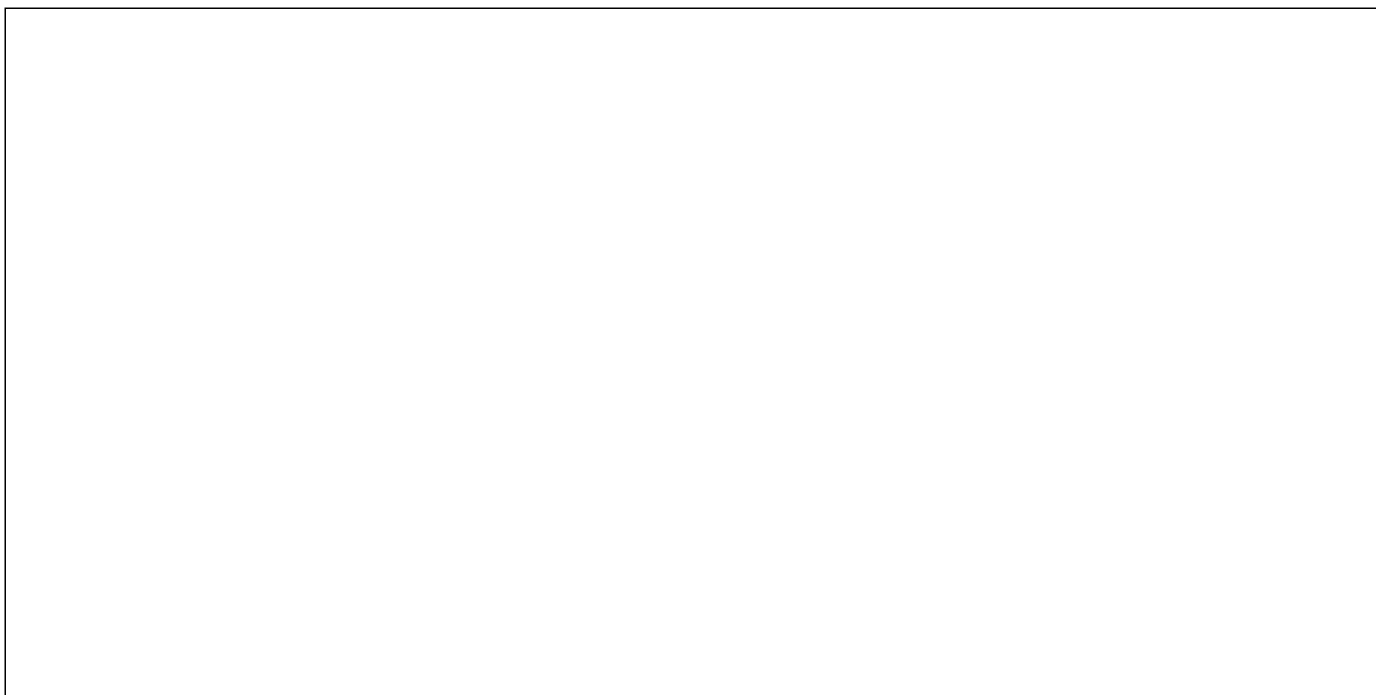
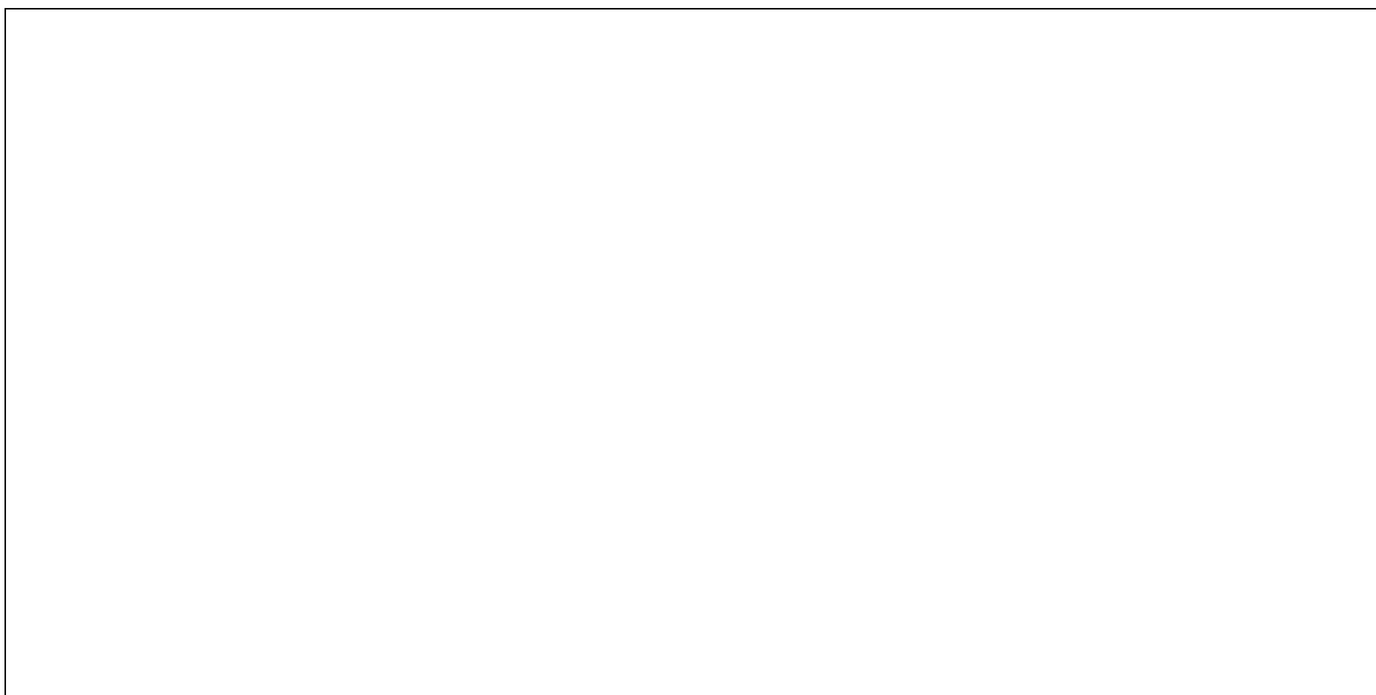
Other likes/dislikes not yet mentioned:

Significant Behaviors



Issues And Ways To Resolve



Daily Routine

Here is an opportunity to provide some details about a typical day in the life of your family member.

Wakes up at:	a.m.	and
Has breakfast at	a.m.	and
Goes to school / work at:	a.m.	and
Other activities		
Has dinner at:	p.m.	and
Gets ready for bed at:	p.m.	and
Any other information:		

Daily Routines

Shaving

Bathing/Showering/Toileting

Oral hygiene, dental care

Dressing

Toileting

Menstrual care (if appropriate)

Eating/cooking

Housekeeping

Shopping

Budgeting

Sleeping /Nap patterns

Communication

Mobility

Hearing/speech

Vision

Adaptive Equipment

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Goals and Aspirations

This is where you can let others know about your family member's personality, ability, skills, hobbies and special interests. Don't forget to include what kind of environment is preferred.

Future Care

Contact Person and Information

Name	**Relationship**
Address	( ) - Home Phone
City State - Zip Code	( ) - Home Fax ( ) - Cell Phone
Email	Additional Information

Name	**Relationship**
Address	( ) - Home Phone
City State - Zip Code	( ) - Home Fax ( ) - Cell Phone
Email	Additional Information

Additional Information

Acknowledgement:

We would like to thank Jo Ann Simons,MSW the Arc of East Middlesex (2005) for creating a letter of intent format that was both easy to use and complete. We have used large portions of that original document to create this document.

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