

# Special People, Special Planning Special Letter of Instruction

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Prepared For: (Insert Name of Special Person)

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Prepared With Love By: (Insert Your Name)

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Date Prepared:

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Signature:

# Personal and Family Information

## Special Person:

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_

Social Security # \_\_\_\_\_

Medical Claim # \_\_\_\_\_ Health Insurance Claim # \_\_\_\_\_

## Parents:

Mother's Name \_\_\_\_\_ Mother's Date of Birth \_\_\_\_\_

Mother's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Phone \_\_\_\_\_ Fax \_\_\_\_\_

Mother's Email Address \_\_\_\_\_

Father's Name \_\_\_\_\_ Father's Date of Birth \_\_\_\_\_

Father's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father's Phone \_\_\_\_\_ Fax \_\_\_\_\_

Father's Email Address \_\_\_\_\_

**Siblings:**

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Name Date of Birth

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Address

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City State Zip

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Phone Fax

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Email Address

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Relationship with Special Person

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Name Date of Birth

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Address

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City State Zip

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Phone Fax

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Email Address

---

Relationship with Special Person

---

Name Date of Birth

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Address

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City State Zip

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Phone Fax

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Email Address

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Relationship with Special Person

**Siblings:**

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Name Date of Birth

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Address

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City State Zip

---

Phone Fax

---

Email Address

---

Relationship with Special Person

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Name Date of Birth

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Address

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City State Zip

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Phone Fax

---

Email Address

---

Relationship with Special Person

---

Name Date of Birth

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Address

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City State Zip

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Phone Fax

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Email Address

---

Relationship with Special Person

**Helpers:**

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Guardian's Name

Guardian's Date of Birth

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Guardian's Address

---

City

State

Zip

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Guardian's Phone

Fax

---

Guardian's Email Address

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Personal Representative's (PR) Name

PR's Date of Birth

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PR's Address

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City

State

Zip

---

PR's Phone

Fax

---

PR's Email Address

---

Trustee's Name

Trustee's Date of Birth

---

Trustee's Address

---

City

State

Zip

---

Trustee's Phone

Fax

---

Trustee's Email Address

# Medical Information

## Physicians:

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Name

---

Address

---

City

State

Zip

---

Phone

Fax

---

Email Address

---

Specialty/Approximate Frequency of Visits/Notes

---

Name

---

Address

---

City

State

Zip

---

Phone

Fax

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Email Address

---

Specialty/Approximate Frequency of Visits/Notes

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Name

---

Address

---

City

State

Zip

---

Phone

Fax

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**In the Event of a Medical Emergency:**

Contact Immediately: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

General Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medications \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Location of Medical Records: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Estate Planning Information

## Team Members

### Attorney:

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Name

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Address

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City

State

Zip

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Phone

Fax

---

Email Address

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Specialty/Approximate Frequency of Visits/Notes

### Certified Public Accountant:

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Name

---

Address

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City

State

Zip

---

Phone

Fax

---

Email Address

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Specialty/Approximate Frequency of Visits/Notes



**Financial Advisor:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Specialty/Approximate Frequency of Visits/Notes

**Insurance Professional:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Specialty/Approximate Frequency of Visits/Notes

**Location of Estate Planning Documents:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Estate Planning Notes and Comments:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Support Contacts

## Advocacy Organizations:

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Organization Name

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Person to Contact

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Address

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Phone

Fax

---

Email Address

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Services Provided

---

Organization Name

---

Person to Contact

---

Address

---

Phone

Fax

---

Email Address

---

Organization Name

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Person to Contact

---

Address

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Phone

Fax

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Email Address

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Services Provided

**Government Assistance:**

Department of Mental Health, Department of Children and Families, etc.

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Organization Name

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Person to Contact

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Address

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Phone

Fax

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Email Address

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Services Provided

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Organization Name

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Person to Contact

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Address

---

Phone

Fax

---

Email Address

---

Services Provided

---

Organization Name

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Person to Contact

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Address

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Phone

Fax

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Email Address

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Services Provided

**Social Support:**

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Name

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Address

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City

State

Zip

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Phone

Fax

---

Email Address

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Why Important

---

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Name

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Address

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City

State

Zip

---

Phone

Fax

---

Email Address

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Why Important

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Name

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Address

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City

State

Zip

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Phone

Fax

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Email Address

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Why Important

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**Other important people who could provide advice and understand the principles we feel are important:**

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Name

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Address

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City State Zip

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Phone Fax

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Email Address

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Explanation

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Name

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Address

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City State Zip

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Phone Fax

---

Email Address

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Explanation

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Name

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Address

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City State Zip

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Phone Fax

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Email Address

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Explanation

**Educational Support:**

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Name

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Address

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City

State

Zip

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Phone

Fax

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Email Address

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Why Important

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Name

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Address

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City

State

Zip

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Phone

Fax

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Email Address

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Why Important

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Name

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Address

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City

State

Zip

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Phone

Fax

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Email Address

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Why Important

**Individuals that may be in contact but share different philosophies than we do regarding the well-being and future of our special person.**

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Name

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Address

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City

State

Zip

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Phone

Fax

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Email Address

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Why Important

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Name

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Address

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City

State

Zip

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Phone

Fax

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Email Address

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Why Important

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Name

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Address

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City

State

Zip

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Phone

Fax

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Email Address

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Why Important

# Personality Traits

General description regarding what living with our special person is like

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Basic Characteristics & Personality Traits

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Abilities & Skills

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Hobbies & Interests

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General Strengths

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**Physical Abilities:**

Communication Skills

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Physical Mobility

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Hearing Ability

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Seeing Ability

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**Personal Information and Preferences:**

Sizes (Clothes, Shoes, etc.)

Pants/Shorts \_\_\_\_\_ Shirt/Blouse \_\_\_\_\_ Skirt/Dress \_\_\_\_\_

Shoes \_\_\_\_\_ Coat \_\_\_\_\_ Hat \_\_\_\_\_ Gloves \_\_\_\_\_ Underwear \_\_\_\_\_

Other \_\_\_\_\_

Favorite Type of Clothes

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Favorite Setting/Environment (Rural/City, Large/Small Home)

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Favorite Places (Places to go, people to visit, things to do)

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Preferred Entertainment

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Recreational Preferences

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Favorite Colors and Patterns

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Personal Habits & Hygiene:  
General Comments

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**How much assistance is required?**

1 = Requires maximum assistance 2 = Requires some assistance

3 = Requires minimal assistance 4 = Requires no assistance

Eating \_\_\_\_\_ Shaving \_\_\_\_\_ Bathing \_\_\_\_\_

Dental Care \_\_\_\_\_ Dressing \_\_\_\_\_

Toileting \_\_\_\_\_ Personal Care \_\_\_\_\_

Communicating \_\_\_\_\_ Other \_\_\_\_\_

Food Preferences (likes and dislikes)

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Eating Habits

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Sleeping Habits

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**Behavior (likes and dislikes)**

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**Cleanliness and Neatness**

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# General Statement of Desires

Create a vision of what you would like life to be like for your special person:

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Identify the strengths that will enable your special person to reach these goals:

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Identify the areas that need further development to enable your special person to achieve these goals:

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Identify the people you see playing major roles in helping your special person achieve these goals:

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# INTEGRATED WEALTH STRATEGIES

by the Law Office of Steven R. Owens, PC

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## Steven R. Owens, J.D., Attorney and Counsellor at Law

*Admitted to practice before the courts of Arizona and Colorado*

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*More than 21 Years of Experience in:*

## COMPREHENSIVE, COMPASSIONATE & COMPLETE SPECIAL NEEDS COUNSELLING AND PLANNING

- Education:** Bachelor of Science, *cum laude*, University of Colorado 1974  
Master of Arts, *cum laude*, University of Colorado 1987  
Juris Doctor, *cum laude*, University of Wisconsin 1991
- Honors:** Selected as Articles Editor, *Wisconsin Law Review* 1990-1991  
Selected for membership in the **Order of the Coif**,  
University of Wisconsin Law School 1991  
Graduated in top three percent of class,  
University of Wisconsin Law School 1991
- Bar Admission:** Wisconsin (inactive) 1991  
Arizona (inactive) 1991  
Colorado (active) 1994
- Affiliations:** Member of the Esperti-Peterson Estate Planning Institute, Sarasota, Florida  
Member of WealthCounsel  
Member of the Estate Planning Council of Southeast Denver  
Board of Directors – Rocky Mountain Society of Financial Service  
Professionals

We provide the finest and most cost-effective counseling and planning for families who need to make plans for care of a client with special needs or who for families which have a child or other family member with special needs. ***Our planning achieves the needed balance between maximum independence and qualification for public benefits.***

We emphasize planning that ***not only*** provides for care for the individual with special needs but that achieves a client's total ***Estate Planning Vision***, and that ensures that ***you*** will control your property while you are alive and well, you will put ***your own*** unique plan into place for yourself and your loved ones if you become disabled, and that ***you*** will give what you have to who ***you*** want, when ***you*** want them to have it, and the way ***you*** want them to have it upon your death.