

Letter of Intent

Date

Name of person with a disability:

First Name

Last Name

Authors of this letter of intent (indicate relationship(s) to person with disability):

Address of Person with disability:

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Country

Phone Number

 -

Area Code Phone Number

Birth Date

Month

Day

Year

Place of Birth:

Name(s) of primary caregiver(s):

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Country

Phone Number

 -

Area Code Phone Number

Our Story (where parents were born, where met, stories of individual's birth and childhood, individual's schooling, other sibling's stories, and any other material you wish to include):

Naming the Dream and the Nightmare

My family's dream is:

My family's nightmare is:

My family member's dream is:

My family member's nightmare is:

Our Goal and 'To Do' List

Goal: Our relative's future dream:

**Our 'To Do' List:
Specify the actions you should take to achieve this goal.**

Submit