Welcome to

Your Life & Care Binder

Preserving the Story, Care, and Spirit of Your Child

This binder was created to help you capture the *whole story* of your child, not just their care needs, but the heart of who they are. It is part roadmap, part love letter, and part survival guide for the person who will one day step into your shoes.

Think of it as your way of making sure your child's story continues with the same care, compassion, and consistency that you've built over a lifetime.

How to Use This Binder

Each section is designed to hold a specific piece of your child's world. Take your time completing it, there is no "right" way to do this. The goal is progress, not perfection.

Here's what you'll find inside:

- **The Story of My Child** – Where you share who they are beyond a diagnosis. Their personality, their journey, what makes them light up.
- **Hopes & Dreams** – A space to express your vision for their future, the goals, opportunities, and supports that you want to remain in place.
- **Daily Life & Routines** – The rhythms and rituals that make their days feel safe and familiar. From morning routines to bedtime comfort items, every detail matters.
- **School/Life/Work Goals** - Outline your child's current and long-term goals, from education and skill-building to meaningful daily activities or employment. This section helps future caregivers understand what growth and purpose look like for your child.
- **Medical Diagnosis & Needs** - A summary of your child's medical history, diagnoses, medications, allergies, and ongoing care requirements. Include key providers, treatment protocols, and emergency plans to ensure continuity of care.
- **Important People & Relationships** – A record of the key players in your child's life, family, caregivers, teachers, friends, and how they fit into your child's world.
- **Likes, Dislikes & Sensory Preferences** – The small but vital details that make all the difference in daily life. Favorite foods, calming strategies, sensory sensitivities, and joyful moments belong here.

- **Financial, Legal & Medical Information** – The practical side of continuity. This section ensures that when the time comes, those who take over can do so with clarity, security, and peace of mind.

Why It Matters

This binder is more than paperwork; it is a legacy of love. It bridges the gap between your knowledge and the future caregiver's understanding. It helps ensure your child's care continues in a way that honors who they are, what they need, and how deeply they are loved.

As you fill out each page, remember you are not just organizing information — you are protecting a story. *Their story.*

Essential Documents & Information Checklist

Below is a list of the key documents and records you will want to keep in the binder and regularly update for your loved one. These ensure that future caregivers and team have everything they need to continue providing care, support, and financial stability without unnecessary stress or delay.

Personal Identification & Vital Records

- Birth certificate (original + copies)
- Social Security card
- State ID or driver's license
- Passport (if applicable)

Legal & Guardianship Documents

- Guardianship/conservatorship paperwork
- Power of attorney documents
- Medical directives / advance healthcare proxy
- Last will and testament
- Letter of Intent (detailing your child's daily care, routines, and preferences)
- Special Needs Trust (SNT) documents

Financial & Benefits Information

- ABLE account details (statements, login information)
- SSI/SSDI benefit letters and payment information
- Bank accounts (checking, savings, custodial)
- Life insurance policies (beneficiary info included)
- Health insurance cards and policy details
- Long-term care insurance (if applicable)
- Retirement account information (401k, IRA, pensions, etc.)

Healthcare & Support

- List of all current doctors, specialists, and therapists
- Medication list with dosages and prescribing physician
- Copies of immunization records
- Medical history summary (major diagnoses, surgeries, allergies)
- Emergency contacts & care team list

Housing & Services

- Housing lease or mortgage documents (if applicable)
- Service agency contacts (DDS, day programs, respite care providers)
- Transportation information (paratransit, accessible ride services, driver support)

This structure ensures that whoever steps into your shoes has a roadmap for your child's care and will not have to start from scratch.

The Story of My Child

A parent's guide to capturing the heart, history, and uniqueness of your child for future caregivers.

Full Name: _____

Date of Birth: _____

Social Security Number: _____

Who Are They

Describe your child in your own words—their journey, their spark, and what makes them truly one of a kind:

_____

_____

_____

Hopes & Dreams

What brings them joy? What do you hope for their future?

_____

_____

Diagnoses & Key Details

List medical and developmental diagnoses, personality traits, or defining life experiences:

_____

_____

Important People in Their Life

List names, relationships, and contact info for family, friends, caregivers, mentors:

_____

_____

_____

Daily Life & Routines

Morning Routine: _____

Afternoon Routine: _____

Evening/Bedtime Routine: _____

Meals & Food Preferences:
What they love, what they avoid, and how they prefer meals prepared.

Favorite Activities & Interests:
Hobbies, shows, games, or routines that make their day complete.

Medical & Therapy Notes

Doctors, Specialists & Therapists:
(Name, specialty, contact info)

Medications & Schedules:
Name | Dose | Time | Notes

Allergies or Medical Alerts: _____

Behavioral or Communication Strategies That Work Best:

Medical Directives or Advance Care Plans:
(Where they're kept, who has copies, etc.)

_____

_____

Likes, Dislikes & Quirks

Foods They Love: _____

Foods They Avoid: _____

Comfort Items or Sensory Supports: _____

What Makes Them Laugh: _____

What Calms Them When Upset: _____

School, Work & Goals

Current Program or Job: _____

Service agency contacts (DDS, day programs, respite care providers):

_____

Transportation information (paratransit, accessible ride services, driver support):

_____

Skills or Training: _____
Future Goals or Dreams: _____

Future Wishes & Who Steps In

Guardian (Major Decisions): _____
Trustee (Manages the Money): _____
Advocate/Ally (Keeps Tabs, Speaks Up): _____

Circle of Support: List of both paid and unpaid people who know your child well and can offer continuity of care and connection.

Recreation & Community:
Day programs, clubs, places of belonging.

Biggest Fears or triggers:
(sensory needs, noises)

End-of-Life or Final Wishes:
(How you want their life celebrated, and any special considerations.)

Closing Message

A personal note to your child or to those who will step in to love and care for them:

Financial & Legal Essentials

A guide to help your child's team manage their financial and legal support with accuracy, transparency, and ease.

1. ABLE Account

Bank/Institution Name: _____

Account Name: _____

Account Number: _____

Online Link: _____

Username/Login: _____ Password: _____

Person Responsible for Managing Account:

Name: _____ Phone_____

Email: _____

Notes: _____

2. Special Needs Trust (SNT)

Type of Trust: ☐ First Party ☐ Third-Party ☐ Pooled Trust

Trust Name: _____

Trustee Name: _____

Contact: _____

Attorney or Financial Institution: _____

Phone: _____ Email: _____

Notes: _____

3. Child's Personal Bank Account (SSI Deposit Account)

Bank Name: _____

Account Type: ☐ Checking ☐ Savings

Account Number: _____

Online Link: _____

Username/Login: _____ Password: _____

Who Manages This Account: _____

Phone/Contact for Bank: _____

Representative Payee Name: _____

Online Login: _____ Password: _____

Monthly SSI Deposit Amount: $_____ Deposit Date: _____

Account Limit Reminder: **Cannot exceed $2,000 balance.**

Notes:

_____

4. Insurance Policies

Type	Company	Policy #	Effective Date	Premium	Payment Method	Renewal/ Expiration	Contact Info

Person Responsible for Payments: _____

How Premiums Are Paid: ☐ Auto Withdrawal ☐ Mailed Check ☐ Online Payment

Online Login: _____ Password: _____

Insurance Company Address/Phone: _____

5. Guardianship / conservatorship

Where is paperwork stored: _____

When is annual care plan due: _____

6. Other Financial Notes or Resources

Financial Advisor or Planner: _____

Attorney: _____

Contact: _____

Accountant or Tax Preparer: _____

Contact: _____

Important Financial Documents Stored:

- Birth certificate (original + copies)
- Social Security card
- State ID or driver's license
- Passport (if applicable)
- Medical card
- Guardianship paperwork
- Medical Directives
- Special Needs Trusts paperwork
- Life Insurance policies
- Last Will & Testament
- Bank card
- Login & passwords

☐ Fireproof Safe ☐ Binder Section ☐ Online Vault/Drive ☐ Other:
_____

Additional Notes: _____

_____