

Supported Decision-Making Agreement

This agreement must be read out loud or otherwise communicated to all parties to the agreement in the presence of either a notary or two witnesses. The form of communication shall be appropriate to the needs and preferences of the person with a disability.

My name is: _____.

I want to have people I trust help me make decisions. The people who will help me are called **supporters**.

My supporters are not allowed to make choices for me. I will make my own choices, with support. I am called the **decider**.

This agreement can be changed at any time. I can change it by crossing out words and writing my initials next to the changes. Or I can change it by writing new information on another piece of paper, signing that paper, and attaching it to this agreement.

Signature of Decider

I am signing this supported decision-making agreement because I want people to help me make choices. I know that I do not have to sign this agreement. I know that I can change this agreement at any time.

My printed name: _____

My address: _____

My phone number: _____

My email address: _____

Today's date is: _____

*Wait to sign your name until a **notary** or **two witnesses** are there to watch you sign.*

My signature: _____

Supporters

Supporter #1

Name: _____ Address: _____

Phone Number: _____ Email address: _____

I want this person to help me with these choices: *(check as many boxes as you want)*

Personal Care:

- Making choices about food
- Making choices about clothing
- Taking care of personal hygiene (showering, bathing)
- Remembering to take medicine

Staying Safe:

- Making safe choices around the house (for example, fire alarms, turning stove off)
- Understanding and getting help if I am being treated badly (abused)
- Making choices about alcohol and drugs

Home, Work, and Friends:

- Making choices about where I live and who I live with
- Making choices about where to work or what activities to go to
- Choosing what to do in my free time
- Finding support services, hiring and firing staff

Health Choices:

- Choosing when to go to the doctor or dentist
- Making medical choices for everyday things (for example, check-up, small injury, taking aspirin)
- Making choices about major medical care (for example, big injuries, surgery)
- Making choices about medical care in emergencies

Partners:

- Making choices about dating, sex, birth control, and pregnancy
- Making choices about marriage

Money:

- Paying the bills on time and keeping a budget
- Keeping track of my money and making sure no one steals my money
- Making big decisions about money (for example, opening a bank account, signing a lease)

Other: *(write any other areas where you want support):*

- _____.

ACLU DISABILITY RIGHTS PROGRAM SUPPORTED DECISION-MAKING AGREEMENT

Supporter #2

Name: _____ Address: _____

Phone Number: _____ Email address: _____

I want this person to help me with these choices: *(check as many boxes as you want)*

Personal Care:

- Making choices about food
- Making choices about clothing
- Taking care of personal hygiene (showering, bathing)
- Remembering to take medicine

Staying Safe:

- Making safe choices around the house (for example, fire alarms, turning stove off)
- Understanding and getting help if I am being treated badly (abused)
- Making choices about alcohol and drugs

Home, Work, and Friends:

- Making choices about where I live and who I live with
- Making choices about where to work or what activities to go to
- Choosing what to do in my free time
- Finding support services, hiring and firing staff

Health Choices:

- Choosing when to go to the doctor or dentist
- Making medical choices for everyday things (for example, check-up, small injury, taking aspirin)
- Making choices about major medical care (for example, big injuries, surgery)
- Making choices about medical care in emergencies

Partners:

- Making choices about dating, sex, birth control, and pregnancy
- Making choices about marriage

Money:

- Paying the bills on time and keeping a budget
- Keeping track of my money and making sure no one steals my money
- Making big decisions about money (for example, opening a bank account, signing a lease)

Other: *(write any other areas where you want support):*

- _____.

ACLU DISABILITY RIGHTS PROGRAM SUPPORTED DECISION-MAKING AGREEMENT

Supporter #3

Name: _____ Address: _____

Phone Number: _____ Email address: _____

I want this person to help me with these choices: *(check as many boxes as you want)*

Personal Care:

- Making choices about food
- Making choices about clothing
- Taking care of personal hygiene (showering, bathing)
- Remembering to take medicine

Staying Safe:

- Making safe choices around the house (for example, fire alarms, turning stove off)
- Understanding and getting help if I am being treated badly (abused)
- Making choices about alcohol and drugs

Home, Work, and Friends:

- Making choices about where I live and who I live with
- Making choices about where to work or what activities to go to
- Choosing what to do in my free time
- Finding support services, hiring and firing staff

Health Choices:

- Choosing when to go to the doctor or dentist
- Making medical choices for everyday things (for example, check-up, small injury, taking aspirin)
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- Making choices about medical care in emergencies

Partners:

- Making choices about dating, sex, birth control, and pregnancy
- Making choices about marriage

Money:

- Paying the bills on time and keeping a budget
- Keeping track of my money and making sure no one steals my money
- Making big decisions about money (for example, opening a bank account, signing a lease)

Other: *(write any other areas where you want support):*

- _____.

When My Supporters Can Talk About Me

Check one box:

- My supporters can talk to each other about me only when I say it is OK
- With this agreement, I am saying it is OK for my supporters to talk to each other about me whenever they want

Meeting with My Support Team

I can talk to my supporters anytime I want to. But my whole team might meet together sometimes to talk about how we are doing.

Check one box:

- I want my entire support team to meet every _____.
(Write how often your whole team will meet, like “every week” or “every two months” or “before every IPP meeting”.)
- I do not want my support team to meet on a regular basis.

Special Directions and Other Information

I can write any other information or special directions here. I can also write more information on a separate piece of paper and attach it to this agreement.

Monitor

If I want someone to help me make choices about money, I must also choose someone to make sure my supporters are being honest and using good judgment in helping me with my money. This person is called a **monitor**. The monitor cannot also be a supporter.

I do not have to write anything here if I am not asking anyone to help me with money.

My monitor is:

Name: _____

Address: _____

Phone Number: _____

Email address: _____

Other Forms

I am including the following forms to this agreement:

(circle yes or no for each choice below)

Yes / No A form that lets my supporters see my medical records
(HIPAA Authorization)

Yes / No A form that lets my supporters see my school information
(Authorization to Disclose Educational Information)

This supported decision-making agreement starts right now and will continue until the agreement is stopped by me or my supporters.

Consent of Supporters

I, _____ consent to act as _____'s supporter under this agreement. I understand that my job as a supporter is to honor and express his/her wishes. My support might include giving this person information in a way he/she can understand; discussing pros and cons of decisions; and helping this person communicate his/her choice. I know that I may *not* make decisions for this person. I agree to support this person's decisions to the best of my ability, honestly, and in good faith.

Signature of supporter

Date

I, _____ consent to act as _____'s supporter under this agreement. I understand that my job as a supporter is to honor and express his/her wishes. My support might include giving this person information in a way he/she can understand; discussing pros and cons of decisions; and helping this person communicate his/her choice. I know that I may *not* make decisions for this person. I agree to support this person's decisions to the best of my ability, honestly, and in good faith.

Signature of supporter

Date

ACLU DISABILITY RIGHTS PROGRAM SUPPORTED DECISION-MAKING AGREEMENT

I, _____ consent to act as _____'s supporter under this agreement. I understand that my job as a supporter is to honor and express his/her wishes. My support might include giving this person information in a way he/she can understand; discussing pros and cons of decisions; and helping this person communicate his/her choice. I know that I may *not* make decisions for this person. I agree to support this person's decisions to the best of my ability, honestly, and in good faith.

Signature of supporter

Date

Consent of Monitor

A monitor must be appointed to oversee financial supporters.

I, _____ consent to act as a monitor for financial decisions under this agreement. I agree to review the financial records of the person with a disability when provided by the supporters every month. I agree to make reasonable efforts to ensure that the supporters under this agreement are acting honestly, in good faith, and in accordance with the choices of the person with a disability. If I suspect financial abuse, misuse of funds, bad faith, or failure to comply with the decisions of the person with a disability, I will require the supporters to explain their actions. If the supporter fails to provide this information or if I continue to have reason to believe that the supporter is abusing or failing to comply with the wishes of the person with a disability, I will promptly inform Adult Protective Services.

Monitor's signature: _____

Date: _____

Signature of Notary or Witnesses

*This document must be read in front of either a notary public or two witnesses.
Witnesses may not be named in this agreement as a supporter, monitor, or decider.*

Signature of Notary

State of California County of _____.

On _____ (date), before me _____, personally appeared

_____ (names of all signers), who proved to me on the basis of satisfactory evidence of identification to be the people whose names are signed on this Supported Decision-Making agreement.

The text of this agreement was communicated to the person with a disability in my presence by:

- Reading the full agreement aloud
- Otherwise communicating the agreement to the person with a disability (*describe communication used*): _____.

Seal of notary:

My commission expires:

OR

Signature of Witnesses

I, _____, swear that this Supported Decision-Making agreement was communicated in my presence to the decider (the person with a disability).

Signature

Date

I, _____, swear that this Supported Decision-Making agreement was communicated in my presence to the decider (the person with a disability).

Signature

Date