

Supported Decision-Making Agreement

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

My name is: _____.

Today's date is: _____

I want to have people I trust help me make decisions. The people who will help me are called **supporters**. I can say what kind of help my supporters will give me. If I want supporters to help me make choices about money, I will sign a different agreement, called "Supported Decision-Making Agreement for Finances."

Supporters

My supporter(s) are:

Supporter #1

Name: _____

Address: _____

Phone Number: _____

Email address: _____

I want this person to help me with:

(check as many boxes as you want)

- Making choices about food, clothing, and where I live
- Making choices about my health
- Making choices about how I spend my time
- Making choices about where I work

Supporter #2

Name: _____

Address: _____

Phone Number: _____

Email address: _____

I want this person to help me with:

(check as many boxes as you want)

- Making choices about food, clothing, and where I live
- Making choices about my health
- Making choices about how I spend my time
- Making choices about where I work

Supporter #3

Name: _____

Address: _____

Phone Number: _____

Email address: _____

I want this person to help me with:

(check as many boxes as you want)

- Making choices about food, clothing, and where I live
- Making choices about my health
- Making choices about how I spend my time
- Making choices about where I work

My supporters are not allowed to make choices for me. To help me with my choices, my supporters may:

- Help me find out more about my choices;
- Help me understand my choices so I can make a good decision for me;
- Help me tell other people about my decision

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 to 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.

Signature of adult with a disability

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 signature: _____

My printed name: _____

My address: _____

My phone number: _____

My email address: _____

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/QUALITY TRUST SAMPLE 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

Signature of Notary

State of California County of _____.

On _____ (date), before me _____
(name of notary), 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: