



State of Wisconsin
Department of Health Services

To Whom It May Concern:

Enclosed is the Supported Decision-Making Agreement form you requested. The Supported Decision-Making Agreement makes it possible for persons to choose trusted people (called supporters) to help them gather and understand information, compare options, and communicate their decisions to others. Supported decision-making agreements DO NOT restrict the person's rights to make decisions; the person makes all their own decisions.

Supported decision-making is a way for people with disabilities to get help from trusted family members, friends, and professionals, to help them understand the situations and choices they face so they can make their own decisions. Supported decision-making enables people with disabilities to ask for support where and when they need it. Supported Decision-Making is NOT a form of guardianship or a power of attorney.

When entering into a supported decision-making agreement, those who can provide help in making decisions are called supporters. Supported decision-making agreements DO NOT take away any rights from the person asking for support. Supporters agree to help explain information, answer questions, weigh options, and let others know about decisions that are made. Supporters DO NOT make the decisions.

The form includes a list of decisions the person with a disability wants assistance in making and identifies supporters they trust to help them with those decisions. Be sure to read all four pages of the form carefully and understand it before you complete and sign it. The agreement must be signed with two witnesses who are at least 18 years of age OR by a notary public.

More information is available to assist you in filling out this form. The Board for People with Developmental Disabilities has additional information on supported decision-making available on its website:

<http://wi-bpdd.org/index.php/SupportedDecision-Making/>

SUPPORTED DECISION-MAKING AGREEMENT

Appointment of Supporter

I, _____, make this agreement
(insert name of person designating a supporter)

voluntarily and of my own free will. I agree and designate that

Name of supporter (Print)

Address of supporter

Email address of supporter (if applicable)

Phone number(s) of supporter

is my supporter. For the following everyday life decisions, if I have checked "Yes," my supporter may help me with that type of decision, but if I have checked "No," my supporter may not help me with that type of decision:

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Obtaining food, clothing, and shelter. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Taking care of my physical health. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Managing my financial affairs. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Taking care of my mental health. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Applying for public benefits. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Assistance with seeking vocational rehabilitation services and other vocational supports. |

The following are **other decisions** I have specifically identified that I would like assistance with:

If I have not checked "Yes" or "No," or specifically identified and listed a decision immediately above, my supporter may not help me with that type of decision.

My supporter is **not allowed to make decisions** for me. To help me with my decisions, my supporter may do any of the following, if I have checked "Yes":

1. Help me access, collect, or obtain information, including records, relevant to a decision. If I have checked "Yes," my supporter may help me access, collect, or obtain the type of information specified, including relevant records, but if I have checked "No," or I have not checked either "Yes" or "No," my supporter may not help me access, collect, or obtain that type of information:

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Medical |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Psychological |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Financial |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Education |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Treatment |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Other. If yes, specify the type(s) of information with which the supporter may assist: |

2. Help me understand my options so I can make an informed decision.

Yes No

3. Help me communicate my decision to appropriate persons.

Yes No

4. Help me access appropriate personal records, including protected health information under the Health Insurance Portability and Accountability Act, the Family Educational Rights and Privacy Act, and other records that may or may not require a release for specific decisions I want to make.

Yes No

Effective Date of Supported Decision-Making Agreement

This supported decision-making agreement is effective immediately and will continue until _____, or until the agreement is terminated by
(insert date)

my supporter or me or by operation of law.

Print name of person designating a supporter

SIGNATURE

Date Signed

Consent of Supporter

I know _____ personally or I have
(name of person designating a supporter)
received proof of his or her identity and I believe him or her to be at least 18
years of age and entering this agreement knowingly and voluntarily. I am at least
18 years of age.

I, _____, consent to act as a supporter
(name of supporter)
under this agreement.

Name of supporter (Print)

Address of supporter

Email address of supporter (if applicable)

Phone number(s) of supporter

SIGNATURE

Date Signed

Statement and Signature of Witnesses or Signature of Notary

This agreement must be signed either by two witnesses who are at least 18
years of age **OR** by a notary public.

OPTION I: WITNESSES

I know _____ personally or I have
(name of person designating a supporter)
received proof of his or her identity and I believe him or her to be at least 18
years of age and entering this agreement knowingly and voluntarily. I am at least
18 years of age.

Witness No. 1:

Name (Print)

Address

Phone number(s)

SIGNATURE

Date Signed

Witness No. 2:

Name (Print)

Address

Phone number(s)

SIGNATURE

Date Signed

OPTION II: NOTARY PUBLIC

State of: _____ County of: _____

This document was acknowledged before me on

Date: _____ by _____
(name of adult with a functional impairment)

and _____
(name of supporter)

(Seal, if any)

SIGNATURE of Notary

Name of Notary (typed or printed)

My commission expires: _____

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|-----|----|--|
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| Yes | No | Psychological |
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| Yes | No | Education |
| Yes | No | Treatment |
| Yes | No | Other. If yes, specify the type(s) of information with which the supporter may assist: |

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Email address of supporter (if applicable)

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18 years of age.

Witness No. 1:

Name (Print)

Address

Phone number(s)

SIGNATURE

Date Signed

Witness No. 2:

Name (Print)

Address

Phone number(s)

SIGNATURE

Date Signed

OPTION II: NOTARY PUBLIC

State of: _____ County of: _____

This document was acknowledged before me on

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