

Supported Decision-Making Agreement

Adapted from the ACLU Disability Rights Program 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. I know that I can rely on my supporters to offer information and discuss options and choices with me.

I make decisions about my life, with support.

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.

These are my supporters:

(If you have more than three, just list the first three)

Supporter's name: _____

Supporter's name: _____

Supporter's name: _____

This is my monitor:

Monitor's name: _____

My supporters can talk to each other about me: *(Check one box.)*

Only when I say it is OK

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 _____
(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. For instance, I may communicate here through the use of a visual system or format unique to me.

I am signing this supported decision-making agreement because I want people to help me make choices. No one is making me sign this agreement. I know that I can change this agreement at any time.

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

My printed name: _____

My address: _____

My phone number: _____

My email address: _____

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

My signature: _____

Today's date is: _____

My Supporter

(This page can be duplicated for as many supporters as you want to sign the agreement)

Supporter's name: _____

Their address: _____

Their phone number: _____

Their 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 from this person):

- _____
- _____
- _____

My Monitor

If I want someone to help me make choices about money, I can 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 should not be a supporter.

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

Monitor's name: _____

Their address: _____

Their phone number: _____

Their email address: _____

Consent of Supporter

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/their wishes. My support might include giving this person information in a way he/she/they can understand; discussing pros and cons of decisions; and helping this person communicate his/her/their choice. I know that I may not make decisions for this person, unless he/she/they ask(s) me to decide. 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

I, _____, consent to act as a monitor for _____'s financial decisions under this agreement. I agree to review the financial records of the person with a disability when provided by the supporters at least every quarter. 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.

Signature of monitor: _____

Date: _____

Seal of notary:

My commission expires: _____

Signature of Notary or Witnesses

*This document must be read in front of either a notary or two witnesses.
Witnesses may not include supporters, monitor, or the person with a disability.*

Signature of Notary

State of California, County of _____

On _____ (date), before me _____ (name of person with a disability),

personally appeared, along with _____

(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 person with a disability.

Signature: _____ Date: _____

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

Signature: _____ Date: _____