

## SUPPORTED DECISION MAKING AGREEMENT

I, \_\_\_\_\_, am in charge of my own life. Sometimes I need help to make decisions and understand my choices. My Supporters are people I trust to help me make decisions.

- I. I am my own person. I just need some help in a few areas. \_\_\_\_\_ have agreed to be my Supporters. I also receive support from \_\_\_\_\_. I need Supporters to help me make decisions about:
  - A. Taking care of my finances and money, like maintaining bank accounts, paying the rent and bills on time, and keeping a budget so I know how much money I can spend.
    - a. \_\_\_\_\_ currently helps me with my finances as my \*\*\*Representative Payee.\*\*\* \_\_\_\_\_ helps me handle my money and receives and pays out funds on my behalf when necessary.
    - b. \*\*\* \_\_\_\_\_ will continue to be my Representative Payee.\*\*\*
    - c. \*\*\* \_\_\_\_\_ will help me handle my money and receive and pay out funds on my behalf when necessary.\*\*\*
  - B. Making decisions about serious medical situations, like surgery, big injuries, and emergencies.
    - a. \_\_\_\_\_ agreed to help me with serious medical decisions and will be my Durable Medical Power of Attorney.
- II. My disability affects some of my physical functionality. Some areas I need physical support include getting dressed, showering, transportation, etc. The physical limitations that I experience does not necessarily impact my ability to make decisions for myself as it relates to these areas.
- III. I am asking that my Supporters help me in the following ways:
  - A. Give me information in a way I can understand.
  - B. Explain my wishes to other people. Sometimes, it might be helpful to explain when people do not understand the way I say things.

- C. Making choices about personal care, taking care of my personal hygiene, remembering to take my medicine, and helping me get dressed.
  - D. Helping me make safe choices around the house for example with things such as turning off the stove or having working fire alarms in the home.
  - E. My supporters will help me with housing, work, and friends, like helping me make choices about where I live and roommates.
  - F. My supporters will help me find support services if I need them and terminate support services if no longer meet my needs.
  - G. My supporters will help me with signing contracts and formal agreement. In helping me with this category, my supports will help me understand the contents of the agreement and if available, alternative options that I may consider.
  - H. Helping me make every day medical decisions such as when to go to the doctor or dentist, when to pick up medications, when to schedule a check-up, etc. My Medical Power of Attorney will ultimately help me make medical decisions in serious situations, for example if I need surgery or have a big injury. My Medical Power of Attorney will make decisions on my behalf in emergency situations according to any current Medical Power of Attorney document that I sign. I may change the terms of my Medical Power of Attorney or revoke it.
- IV. I can do the following things myself:
- A. Communicate my needs and desires. I can communicate what I want and don't want and how I make choices on my own without support.
  - B. Make my own choices about what I want to wear, what I want to eat, and when I want to eat.
  - C. Understand and get help if I am being treated poorly, or being abused or neglected, and I can communicate this to the appropriate person if I need support.
  - D. Make my own decisions about drugs and alcohol.
  - E. Make my own choices about dating, sex, pregnancy, and marriage.

- F. Make my own decisions about where I live, what I do, and who I see in my free time.
- G. I can independently keep my room and home clean.
- H. Make my own choices about traveling to places I go often, such as getting to work, going to the store, or going to a friend's home. I can also make my own choices about traveling places I do not go often, such as doctor's appointments and special events.
- I. Make my own decisions in understanding my work choices, choosing if I want to work, choosing classes or training I may need to get a job I want and applying for a job.
- J. Make my own choices about voting in any elections.
- V. I communicate with my Supporters by talking with them in person and over the phone. I get the support I need from my Supporters when I have a question or request their advice on a situation.
- VI. I know that I can decide to end this agreement at any time. I also know that I can add or remove Supporters when it is necessary or helpful to do so. My Supporters and I are going to sign below to show that we agree to this Supported Decision Making plan.
- VII. I have gone over all the information in this agreement, and I understand it. I am signing this because I want to. It is my free choice and my decision. This agreement will begin once everyone has signed below.

\_\_\_\_\_  
 \*\*\*\* [Individual receiving supports]

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 \*\*\*\*, Supporter

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 \*\*\*\*, Supporter

\_\_\_\_\_  
 Date