

Supported Decision Making Agreement

A Supported Decision Making Agreement is a way to plan my life and achieve my goals by working with a team of trusted supports in order to make my own decision.

My SUPPORTERS are the people who I trust to help me make decisions.

My SUPPORTERS do not have my permission to make choices for me. I will make my own choices, with their support. I am the person who has the final say.

My Name: _____ Date of Birth: _____
Address: _____
(City) _____ (State) _____ (Zip) _____
Telephone: _____
Emergency Contact: _____ Phone number: _____

I have decided that I will need assistance with decision making in the following "Life Areas"

- | | |
|------------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Being Safe and Staying Safe | <input type="checkbox"/> Daily Living |
| <input type="checkbox"/> Education and Training | <input type="checkbox"/> Money and Financial |
| <input type="checkbox"/> Physical Health | <input type="checkbox"/> Dating and Partners |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Home, Work and Friends | <input type="checkbox"/> Free Time/Social |
| <input type="checkbox"/> Caring for a Child | <input type="checkbox"/> Pet Care |
| <input type="checkbox"/> Other Areas: _____ | |

Why I feel I need support with making decisions:

(Examples: need support with my IEP/Person Center Plan, need help organizing my thoughts, need help understanding my options, need help with getting people to understand what I want, need help with managing my health, need things explained in plain language.)

Meeting with My Support Team

My support people are very important to me and I want to be respectful of their time. I know that I can call them to ask questions about my goals in this agreement at any time, but would like to talk with my whole Supported Decision Making team:

Check One:

- Every week
- Two times a month
- One time a month
- Every six months
- One time a year
- Before an important meeting (IEP/Doctor/Dentist)
- I do not want my support team to meet on a regular basis.

Next Meeting Date: _____

My Support Decision Making Team Contact Information

Name: _____
Contact #: (Cell/Home) _____
Email: _____

Name: _____
Contact #: (Cell/Home) _____
Email: _____

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Email: _____

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My Life Areas

My Life Area: _____

I choose the following people to support me: _____

I need assistance with making the following decisions:

1. _____
2. _____
3. _____

My Supporter(s) will help me by:

1. _____
2. _____
3. _____

I agree to do my part by helping with:

1. _____
2. _____
3. _____

Authorization/Permission Forms (If Needed):

I am willing to sign or give permission for my supporters to help me make decisions in this life area:
Yes ___ No ___

Form Name: _____

I will need support with:

My supporter will explain in simple language how this form will help me: Yes ___ No ___

Supporter Name: _____

My supporter will help me get the form: Yes ___ No ___

Supporter Name: _____

My supporter will help me complete the form: Yes ___ No ___

Supporter Name: _____

My supporter will help me get the form to the people who will honor my wish: Yes ___ No ___

Supporter Name: _____

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Agreements

Supporter(s) Agreement

By signing below, I as _____ supporter, agree to voluntarily act on his/her behalf to achieve the goals outlined in this agreement. My job will be to provide information and options in a way that he/she will understand his/her choices, discuss the pros and cons of a decision and help him/her express his/her decision. I understand that I am a supporter and will not make any decisions but will provide guidance and knowledge. I agree to support this person's decisions to the best of my ability, honest, and in good faith.

_____	_____	_____	_____
Supporter	Date	Supporter	Date
_____	_____	_____	_____
Supporter	Date	Supporter	Date
_____	_____	_____	_____
Supporter	Date	Supporter	Date

Self Advocate's Agreement

By signing below, I agree to try new ideas and explore different possibilities, to look at my own strengths and challenges, to work with my team of supporters when making decisions and to accept the responsibilities and consequences of my decisions.

I understand that I am responsible for this agreement. I will get assistance, if needed, to keep my agreement moving in the right directions. (Planning and follow through.)

I understand that I can change this agreement at any time by contacting my supporter(s), crossing out the part that I disagree with on this agreement, putting my initials next to the part I crossed off and sending a copy of the new agreement to my supporter(s).

_____	_____
Self Advocate	Date