

Supported Decision-Making Agreement

**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**.

**My supporters are not allowed to make choices for me.** I will make my own choices, with support. I am called the **decider**.

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.

**Signature of Decider**

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 printed name: \_\_\_\_\_

My address: \_\_\_\_\_

My phone number: \_\_\_\_\_

My email address: \_\_\_\_\_

Today's date is: \_\_\_\_\_

*Wait until a **notary** or **two witnesses** are there to watch you sign*

My signature: \_\_\_\_\_

Supported Decision-Making Agreement

**Supporters**

**Supporter #1**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ 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 off stove)
- 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)

**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):*

\_\_\_\_\_

Supported Decision-Making Agreement

**When My Supporters Can Talk About Me**

*Check one box:*

- My supporters can talk to each other about me only when I say it is OK
- With this agreement, I am saying it is OK for my supporters to talk to each other about me 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 every \_\_\_\_\_.  
*(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.

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Supported Decision-Making Agreement

**Monitor**

If I want someone to help make choices about money, I must 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 cannot also be a supporter.

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

My monitor is:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

**Other Forms**

**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 see my medical records  
*(HIPPA 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.**

**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

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

## Consent of Monitor

**A monitor must be appointed to oversee financial supporters.**

I, \_\_\_\_\_ consent to act as a monitor for financial decisions under this agreement. I agree to review the financial records of the person with a disability when provided by the supporters every month. 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.

Monitor's signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Signature of Notary or Witnesses**

*This document must be read in front of either a notary public or two witnesses.  
Witnesses may not be named in this agreement as a supporter, monitor or decider.*

**Signature of Notary**

State of Vermont                      County of \_\_\_\_\_.

On \_\_\_\_\_ (date), before me \_\_\_\_\_, 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:

**OR**

**Signature of Witnesses**

I, \_\_\_\_\_, swear that this Supported Decision-Making Agreement  
was communicated in my presence to the decider (the person with a disability).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I, \_\_\_\_\_, swear that this Supported Decision-Making Agreement  
was communicated in my presence to the decider (the person with a disability).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Sharing My Medical Information  
HIPPA Authorization

**Sharing My Medical Information**

*(Plain Language HIPPA Authorization for Disclosure of Health Information)*

My name is \_\_\_\_\_.

My doctor's office or hospital is called: \_\_\_\_\_.

It is in this city: \_\_\_\_\_.

I want to share my medical records.

The person who can see my records is:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

The person can see:

*Check one box*

All of my medical records.

Only some records. The records this person **can see** are:

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*Write what records you want the person to see.*



Sharing My Medical Information  
HIPPA Authorization

This person can see my records until:  
*Check one box*

- This date: \_\_\_\_\_.
- When I sign a form to say that this person can no longer see my records.

I have decided to share my medical records with \_\_\_\_\_.

I know that I do not have to share these records.

I know that I can stop this agreement at any time.

My doctors and nurses have to be careful with my medical records. They cannot usually show my records to other people. The person who I am sharing my records with cannot share them with other people unless I agree.

I trust the person I am sharing my records with.

My signature:

\_\_\_\_\_

The date today is: \_\_\_\_\_.

Sharing School Information

**Sharing School Information**

*(Plain Language Authorization to Disclose Educational Information)*

My name is \_\_\_\_\_.

My address is \_\_\_\_\_.

I go to school at \_\_\_\_\_.

My school is in this city: \_\_\_\_\_.

I have an IEP.

I want someone to help me make choices at school.

The person I want to help me is:

\_\_\_\_\_.

This person's phone number is: \_\_\_\_\_.

I want this person to come to my IEP meetings.

I want this person to get all the information that I get from my school.

It is okay for this person to see information that my school has about me.

This agreement to share school information will continue until I say it should stop.

My signature: \_\_\_\_\_

Today's date is: \_\_\_\_\_