

# **SUPPORTED DECISION-MAKING: FINANCIAL**

*Information for People with Disabilities and Their Families About Using Alternatives to Guardianship for Financial Decisions*

*Supported Decision-Making Agreement for Finances*

## Information for People with Disabilities and Their Families About Using Alternatives To Guardianship For Financial Decisions

**After a person turns 18, who gets to make decisions about how they spend and save money?**

- When a person turns 18, they get to make their own decisions about their money. But, sometimes a person with a disability has difficulty making and communicating choices about money, and a family member or friend may ask that a financial guardian be appointed.
- Under financial guardianship, a person may not be allowed to decide how to spend or save their money.

**Things to think about when considering financial guardianship.**

- Identify what the person needs help with;
- Identify what others may be afraid will happen if the person doesn't have a financial guardian;
- Identify what problems need to be solved.

**Explore how family, friends, agencies, and community resources can help the person with a disability manage their money. Most of the time guardianship is not necessary.**

**Here are some alternatives to financial guardianship:**

**Supported decision-making** is an umbrella term for a range of models, both formal and informal, which allow an individual with a disability to retain the final say in her or his life. Under supported decision-making models, adults with disabilities get help in making and communicating decisions, while retaining control over who provides that help.

**Circle of support** is a great way to get the support a person may need to manage his or her money. It may include friends and family. The circle of supports meets often to provide needed assistance.

**Banks** offer many services to help people manage their money.

- If a person has problems keeping track of their money, the problem can be solved by directly depositing pay and benefit checks.
- Bank accounts can be set up for automatic payment of regular bills, such as cell phones, cable or rent.
- There can be limits on ATM cards and accounts overall to put a brake on exploitation and unwise spending.
- Co-signers means that a person can choose someone else to sign checks if they are not able to.
- Joint signature accounts means two signatures are required.
- ABLE accounts can help people with disabilities save up to \$14,000 a year without losing government benefits.

If a person gets SSI or SSDI benefits, they can have someone else get their check for them. This person is called a **representative payee**. The representative payee opens an account in the person's name and the person's benefits are deposited in this account. The payee may use the benefits only for the person.

The benefits can be used to meet the person's needs such as paying rent or buying food and clothing. The payee is accountable to the government and has to fill out and send in reports. They must notify the government of any changes in the person's income. If the person's only income is social security benefits, and they have a representative payee, there is no need to have financial guardian appointed - having a payee may be enough.

If the person has a **service coordinator** through a developmental services agency they can assist in managing money without the need for a guardian.

A **spouse/partner** could help manage the person's money.

**Bill payment services** can handle finances. They make sure that routine bills are paid on time, checkbooks are balanced, and insurance claims are submitted for reimbursement.

A **Financial Power of Attorney** is a document where one person gives another person the power to make money decisions or to share that decision-making power. Here are a few details about a power of attorney:

- You do not have to go to court to establish a power of attorney
- A financial power of attorney should be drafted by a lawyer and must be signed by a Notary Public
- You decide who you want to make decisions for you.
- You can cancel this agreement at any time.

A **trust** is a legal plan for giving control of one person's money to someone else. There are different types of trusts for people with disabilities. You should consult with an attorney who has special expertise in trusts if you or your family is considering setting up a trust.

### **What about all those credit card offers?**

There are two ways to stop getting Credit Card Offers:

- Five Year Opt – Out. Complete form online (secure website) at: [www.optoutprescreen.com](http://www.optoutprescreen.com)
- Permanent Opt – Out. Form must be printed, signed and mailed.  
(Five year opt-out may be completed in the interim) Call: (888) 567-8688.

For more information and resources on supported decision-making go to [gmsavt.org](http://gmsavt.org).

### **The Vermont Supported Decision-Making Partnership**

Green Mountain Self-Advocates, the Vermont Agency of Education, the Vermont Office of Public Guardian, and the Disability Law Project of Vermont Legal Aid, Inc.

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## Supported Decision-Making Agreement for Finances

*This agreement must be read out loud or otherwise communicated to all parties to the agreement. 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 about my money. The people who will help me are called supporters. I can say what kind of help my supporters will give me. If I want supporters to help me make other choices, I will also sign a different agreement, called "Supported Decision-Making Agreement." I want my supporters to help me make choices about how I spend and save my money.

**My supporters are not allowed to make choices for me. To help me with my choices, my supporters may:**

- Help me find out more about my choices;
- Help me understand my choices so I can make a good decision for me;
- Help me tell other people about my decision

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

### Supporters

My supporter(s) are:

Supporter #1

Name \_\_\_\_\_

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

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

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

Supporter #2

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

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

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

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

### Monitor

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. My monitor is:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email address: \_\_\_\_\_

**Signature of Adult with a Disability**

My signature: \_\_\_\_\_  
My printed name: \_\_\_\_\_  
My address: \_\_\_\_\_  
My phone number: \_\_\_\_\_  
My email address: \_\_\_\_\_  
Today's date is: \_\_\_\_\_

**Consent of Supporters**

**Supporter #1**

I consent to act as \_\_\_\_\_'s supporter for financial decisions under this agreement. I agree to provide financial records to the supported decision-making monitor (listed below) every month. I understand that my job as a supporter is to honor and present the wishes of the person with a disability. I understand that my support might include giving this person information in a way he/she can understand; discussing pros and cons of decisions; communicating the person's 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: \_\_\_\_\_

**Supporter #2**

I consent to act as \_\_\_\_\_'s supporter for financial decisions under this agreement. I agree to provide financial records to the supported decision-making monitor (listed below) every month. I understand that my job as a supporter is to honor and present the wishes of the person with a disability. I understand that my support might include giving this person information in a way he/she can understand; discussing pros and cons of decisions; communicating the person's 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 a supporter fails to provide this information or if I continue to have reason to believe that a 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: \_\_\_\_\_