

How to Make a
Supported Decision-Making Agreement



A Guide for People with Disabilities
and their Families

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Chapter 1 What is Supported Decision-Making?

Supported Decision-Making, or “SDM,” is a way to get help making choices. Supported Decision-Making means that **you** make **your own** choices. You can choose family, friends, or staff who you want to help you make your choices.



The people who will help you understand and make your choices are called “**supporters**”.

Supporters are there to help you. You are the one who makes the final decision. You are called the “**decider**”.

This book will help you start using Supported Decision-Making.

You should read and talk about this book with people you trust. This book has questions and activities that will help you think about how you want to use Supported Decision-Making.

It will take a while to read through this book and do all of the activities. You might spend a month or more working on it. That’s ok! Doing Supported Decision-Making takes time.

Chapter 2 Thinking about Choices



Why do this activity?

This activity will help you think about how you make choices. You can talk about what kind of help you like and don't like. You can think about choices you have made and what you liked and didn't like when you were choosing.

This will help you think about how you want Supported Decision-Making to work.

Supported Decision-Making is different for every person! This activity will help you think about what is important to you.

What to do:



Think about a choice you made. It could be a choice about:

- where you live
- what you will do in school
- where you work
- who you spend time with
- if you want to go to the doctor
- if you want to go on a date
- or anything else!



Write down the choice that you want to think about and talk about:



Who made the choice? *Check one box.*

- I made the choice alone.
- I made the choice, but someone helped me. The people who helped me were: _____.
- Someone else made the choice for me. The person who made the choice for me is named: _____.



Think about **how** did you make the choice? Did you:

- talk about it? Who did you talk with?
- write down your possible options?
- write down the good and bad things about each choice (pros and cons)?
- visit places (like a home, office, or school)?
- do research?
- talk to people who had made the same choice before?



What I did to help me make my choice: _____



What did you **like and dislike** about making this choice?

- Did you understand your choice?
- Did you understand all of your options (different choices you could make)?
- Could you communicate your choice? Did anyone help you?
- Did you have enough time to make sure you were happy with your choice?
- Did you know what to do if you had questions?
- Did you feel like you could say “no” if you didn’t want help?
- Are you happy now with the choice you made?
- Could you change your mind if you wanted to make another choice?

Chapter 2
Thinking About Choices



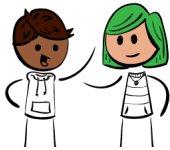
<i>What I <u>liked</u> about making this choice:</i>	<i>What I <u>didn't like</u> about making this choice:</i>
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Chapter 3 Thinking about Support

Supported Decision-Making lets you get help or **support** in making your own choices. Everyone gets support in making choices every day.

Some kinds of support are:

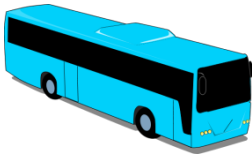
- **Plain-language information.** This means written information is provided in simple words.



- **Information in pictures or explained.** This means getting information in pictures or by someone talking to you.

- **Research to learn more about choices.**

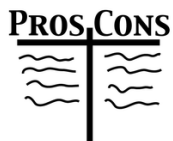
- **Help in knowing what choices you have.**



- **Visits and trials.** This means trying out different choices, to see how you feel and which one you like.



- **Reminders** about important dates and times



- **Help in thinking about pros and cons.** This means making lists of the good and bad parts of different choices.

- **Having a supporter come to meetings and appointments with you.**



- **Talking to experts who know a lot about my choice.**



- **Extra time to think about choices.**
- **Reminding you of about your values.** Supporters can help you remember what is most important to you. They can remind you how these things might affect your choice.



- **Classes to learn about healthy choices.**



- **Technological support.** This means using a phone or computer to help with choices.
- **Advice from supporters.** Even if you get advice, you are still the decider.



- **Help communicating a choice.** After you have made a choice, someone might make sure that everyone understands and respects your choice.

Here is an example of how a person might use supports in making a choice:

Mary lives with her mother and father. Now she wants to move away from home. Mary has a bank account, but the letters she gets from the bank are confusing. So her mother explains to Mary how much money she gets every month, and how much she can spend each month on rent. Mary's mother is giving her **plain language information**.

Once she knows how much money she can spend, Mary's case worker helps her find apartments that she can afford. She makes a **list of her choices**. The case worker takes Mary to **visit each apartment**, so she can see what they look like. The case worker also helps Mary write lists of **pros and cons** of each apartment. One apartment is very big but it is far from the subway. Another apartment is smaller, but is very close to the subway. In the smaller apartment, Mary can get to work and to see her friends quickly. In the big apartment, Mary will have more room for her things, but she will need help going to see her friends.

Mary shows her list of pros and cons to her parents. Mary's father reminds Mary of how much she likes taking the subway, and how important it is for her to be able to visit her friends and travel alone. Her father is **reminding Mary of her values**. It is very important to Mary to be independent. Mary decides to move to the smaller apartment, so she can get to work on her own and see her friends.

Mary made **her own choice** but her parents and her case worker helped her understand, think about, and make her choice. Mary used supported decision-making.



Questions to Think About:

- Did you use any support in making the choice from Chapter 2?
- Can you think of support that would have helped you make that choice better?
- Have you used supports in other choices?

Chapter 4 When Do I Want Support?



Why do this activity?

You can make lots of choices on their own. But you might need or want support making some kinds of choices, especially difficult or important choices.

This activity will help you think about all the choices you have to make in your life. You will think about whether you want to make those choices alone, or with support, or if you want someone else to make those choices for you. This will help you decide how you want to use supported decision-making.

What to do:

The list below describes different areas of your life.



Think and talk about whether you can do each thing by yourself, if you want support to do it, or if you want someone else to do it for you. Think about how you make these choices now, and whether you want to change anything.

You don't have to check a box for all of these areas now. Some of them might not be important to you. You might want to think more about some of them before you decide.

If you want support, write down what kinds of support you want. There are many, many kinds of support a decider can get! Look at the list of supports in Chapter 3 to help you think of ideas.

When Do I Want Support? Worksheet






Check the boxes to say if you want support in each area.






If you check the box that says “I want support to do this,” you can write what kind of support you want.




You do not have to check a box for every category.

	I can do this <u>alone</u> .	I can do this <u>with support</u> .	I need <u>someone else</u> to do this for me.
			
COMMUNICATION			
Telling people what I want and don't want			
Telling people how I make choices			
Making sure people understand what I am saying			
PERSONAL CARE			
Choosing what I wear			
Getting dressed			
Choosing what to eat, and when to eat			




Chapter 4
When Do I Want Support?

	I can do this <u>alone</u> .	I can do this <u>with support</u> .	I need <u>someone else</u> to do this for me.
			
Taking care of my personal hygiene (for example, showering, bathing, brushing teeth)			
Remembering to take medicine			
STAYING SAFE			
Making safe choices around the house (for example, turning off the stove, having fire alarms)			
Understanding and getting help if I am being treated badly (abuse or neglect)			
Making choices about alcohol and drugs			
HOME AND FRIENDS			
Choosing where I live			
Choosing who I live with			
Choosing what to do and who to see in my free time			
Keeping my room or home clean			
Finding support services and hiring and firing support staff			
HEALTH CHOICES			
Choosing when to go to the doctor or the dentist			

Chapter 4
When Do I Want Support?

	I can do this <u>alone</u> .	I can do this <u>with support</u> .	I need <u>someone else</u> to do this for me.
			
Making medical choices in everyday situations (for example, check-up, medicine from the drug store)			
Making medical choices in serious situations (for example, surgery, big injury)			
Making medical choices in an emergency			
PARTNERS			
Choosing if I want to date, and who I want to date			
Making choices about sex			
Making choices about marriage			
Making choices about birth control and pregnancy			
TRAVEL			
Traveling to places I go often (for example, getting to work, stores, friends' homes)			
Traveling to places I do not go often (for example, doctors' appointments, special events)			
JOBS			
Choosing if I want to work			
Understanding my work choices			

Chapter 4
When Do I Want Support?

	I can do this <u>alone</u> .	I can do this <u>with support</u> .	I need <u>someone else</u> to do this for me.
			
Choosing classes or training I need to get a job I want, and taking these classes			
Applying for a job			
Going to my job every work day			
MONEY			
Paying the rent and bills on time			
Keeping a budget so I know how much money I can spend			
Making big decisions about money (for example, opening a bank account, signing a lease)			
Making sure no one is taking my money or using it for themselves			
BEING A CITIZEN			
Signing contracts and formal agreements			
Choosing who to vote for and voting			
OTHER (write any other choices or activities here)			

Chapter 5 Who are my Supporters?



Why do this activity:

This will help you think about who you want to support you.

What to do:

Supported Decision-Making has both **supporters** and a **decider**.

You are the decider.

You can choose who will be your supporters. You can have many supporters. You might want some supporters to help you with some things but not others. For some things, you might want two or three people to support you. For other things, you might just want one supporter.

You can always change your mind and change your supporters.

Every supporter should be:

- ✓ Someone you trust
- ✓ Someone who agrees to be a supporter



The people I might want to be my supporters are (*write as many people as you want*):

- _____
- _____
- _____

Chapter 6 Talking to My Supporters

Everyone has to agree to do supported decision-making. You have to ask your supporters if they can help you. They might say no. They can still be your friends even if they don't feel like they can be your supporter.



Why do this activity:

You will talk to the people who might be your supporters. You will find out if they can support you, and you will talk about how they will support you.

What to do:



Make a time to meet with each person you listed on page 20. You can have meetings with each person separately, or with many people together.

Give them a copy of the paper What is Supported Decision-Making and What Does a Supporter Do? (at the end of this book) to help them understand what you want to talk to them about. Many people don't know about supported decision-making, so you might have to explain it.

When you meet with your supporters, you should talk about:

- ✓ What kind of support or help you want from this person
- ✓ Whether this person agrees to be a supporter
- ✓ How you want to get support
- ✓ Whether your supporters can talk to each other when you are not there



Fill out this worksheet with each person who might support you. There are extra copies at the end of this book.

Worksheet: Meeting with Possible Supporter

Decider's name: _____

Supporter's name: _____

I want support from this person in these parts of my life:

(look at Chapter 4 for more information about these areas)

Personal Care

- | | |
|-------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Clothing choices | <input type="checkbox"/> What I eat and when I eat |
| <input type="checkbox"/> Personal hygiene | <input type="checkbox"/> Remembering to take medicine |

Living and Working

- | | |
|--------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Choosing work or day programs | <input type="checkbox"/> Getting to work or programs |
| <input type="checkbox"/> Choosing where to live | <input type="checkbox"/> Keeping my home clean |
| <input type="checkbox"/> Finding, hiring, firing staff | |

Staying Safe

- | | |
|-----------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Safe choices at home | <input type="checkbox"/> Choices about sex |
| <input type="checkbox"/> Help if I am being treated badly | <input type="checkbox"/> Choices about alcohol and drugs |

Money

- | | |
|--------------------------------------------------------------|------------------------------------|
| <input type="checkbox"/> Paying rent and bills | <input type="checkbox"/> Budgeting |
| <input type="checkbox"/> Protecting myself from exploitation | |

Friends and Partners

- | | |
|------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Free time | <input type="checkbox"/> Dating and sex |
| <input type="checkbox"/> Marriage | <input type="checkbox"/> Birth control |

Health Choices

- | | |
|---------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> When to go to the doctor | <input type="checkbox"/> Over the counter medication |
|---------------------------------------------------|------------------------------------------------------|

Non-emergency care

Emergency care

Communication

Expressing likes and dislikes

Expressing choices

Other

Write any other areas where you want support: _____
_____.

The kind of support I want from this person is:

(look at Chapter 3 for ideas about different kinds of supports)

_____.

I want to communicate this supporter in these ways: *(check as many boxes as you want)*

Talking on the phone

Texting

Meeting in person

Other: _____

I want to get support from this supporter at these times: *(check as many boxes as you want)*

On a regular schedule. *Write down how often you will meet with this person, like “every week” or “every month”.* We will meet every _____.

Every time I am making a certain kind of choice. *Write down what kind of choice you want to get support from this person for, like “every time I have to go to the doctor” or “every time I get a check”.*

_____.

Only when I have a question or want advice.

Chapter 7 Filling out a Supported Decision-Making Agreement



Why do this activity:

Now you have thought about when you want support. You have also thought about what kind of support you want. And you have talked to people who can support you.

You are ready to put together your supported decision-making agreement!

This activity will help you fill out your agreement. It will also make sure all your supporters know each other and agree to support you.

What to do:

1. Look at the “Supported Decision-Making Agreement” form on page [x].
2. Look back at Chapter 5 to remind yourself who will be your supporters and what kind of support they will give you.
3. Fill out the Supported Decision-Making Agreement, but do not sign it yet. Write down who your supporters are and what help you want from them.
4. Plan a time that all of your supporters can meet with you. They should all be together at the same time.
5. Plan to have all your supporters meet you at the office of a **notary public**. A notary public is a person who promises that he or she saw you sign important documents.
6. When everyone is together, someone will read the Supported Decision-Making Agreement out loud. This is important to make sure everyone understands the agreement.

7. Sign the agreement. You sign to say that you want to do supported decision-making.
8. Have your supporters sign the agreement. They sign to say that they will help you make your own choices. They also sign to say that they know that you are the decider.
9. The notary public signs and stamps the agreement. The notary public signs to say that he or she saw you and the supporters sign the agreement.
10. You are ready to start using supported decision-making! Some people like to celebrate!

Chapter 8

Where Can I Learn More about Supported Decision-Making?

If you have questions, or if you want to talk to someone about supported decision-making, you can contact:

- Susan Mizner, ACLU Disability Rights Program
smizner@aclu.org
415-343-0781
- Jonathan Martinis, Burton Blatt Institute at Syracuse University
jmartin@law.syr.edu

If you want to read more about Supported Decision-Making, here are some websites you can visit:

- American Civil Liberties Union Disability Rights Program:
www.aclu.org/supported-decision-making-resource-library
- National Resource Center for Supported Decision-Making
www.supporteddecisionmaking.org
- Center for Public Representation Supported Decision-Making Pilot Project
www.supporteddecisions.org
- Autistic Self-Advocacy Network (ASAN)

[The Right To Make Choices](#), a series of very detailed, Easy Read documents ASAN put together to provide self-advocates with an overview of SDM and some of the many different options available.

Extra Documents

Supported Decision-Making Agreement.....28

Worksheet: Meeting with Possible Supporters.....40

Information Sheet: What is Supported Decision-Making and
What Does a Supporter Do?.....42

“Sharing My Medical Information” – HIPAA Authorization.....43

“Sharing my School Information” – Educational Records Release.....45

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: _____

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 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):*

- _____.

Supporter #2

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 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):*

- _____.

Supporter #3

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 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):*

- _____.

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.

Monitor

If I want someone to help me 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
(HIPAA 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 California 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

Worksheet: Meeting with Possible Supporter

Decider's name: _____

Supporter's name: _____

I want support from this person in these parts of my life:

(look at Chapter 4 for more information about these areas)

Personal Care

- | | |
|-------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Clothing choices | <input type="checkbox"/> What I eat and when I eat |
| <input type="checkbox"/> Personal hygiene | <input type="checkbox"/> Remembering to take medicine |

Living and Working

- | | |
|--------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Choosing work or day programs | <input type="checkbox"/> Getting to work or programs |
| <input type="checkbox"/> Choosing where to live | <input type="checkbox"/> Keeping my home clean |
| <input type="checkbox"/> Finding, hiring, firing staff | |

Staying Safe

- | | |
|-----------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Safe choices at home | <input type="checkbox"/> Choices about sex |
| <input type="checkbox"/> Help if I am being treated badly | <input type="checkbox"/> Choices about alcohol and drugs |

Money

- | | |
|--------------------------------------------------------------|------------------------------------|
| <input type="checkbox"/> Paying rent and bills | <input type="checkbox"/> Budgeting |
| <input type="checkbox"/> Protecting myself from exploitation | |

Friends and Partners

- | | |
|------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Free time | <input type="checkbox"/> Dating and sex |
| <input type="checkbox"/> Marriage | <input type="checkbox"/> Birth control |

Health Choices

- | | |
|---------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> When to go to the doctor | <input type="checkbox"/> Over the counter medication |
|---------------------------------------------------|------------------------------------------------------|

Non-emergency care

Emergency care

Communication

Expressing likes and dislikes

Expressing choices

Other

Write any other areas where you want support: _____
_____.

The kind of support I want from this person is:

(look at Chapter 3 for ideas about different kinds of supports)

_____.

I want to communicate this supporter in these ways: *(check as many boxes as you want)*

Talking on the phone

Texting

Meeting in person

Other: _____

I want to get support from this supporter at these times: *(check as many boxes as you want)*

On a regular schedule. *Write down how often you will meet with this person, like “every week” or “every month”.* We will meet every _____.

Every time I am making a certain kind of choice. *Write down what kind of choice you want to get support from this person for, like “every time I have to go to the doctor” or “every time I get a check”.*

_____.

Only when I have a question or want advice.

What is Supported Decision-Making & What Does a Supporter Do?

Someone has asked you to be their “supporter” in a “supported decision-making agreement”. What does this mean?

- Supported Decision-Making is a way for people with disabilities to get help in making their own choices. Unlike in conservatorship, the person with a disability is still the ultimate decider. The person with a disability selects trusted family, friends, or staff to serve as supporters.
- You have a choice about whether or not to be a supporter. You were asked to do this because the person with a disability trusts you and wants your help. But if you don't have time or don't want to be a supporter, you should say no.
- If you do choose to be a supporter, you should talk with the person with a disability to learn more about what kind of support they want. They might want you to help in only some areas but not others. There are many kinds of support to help the person understand, make, and communicate choices.
- You will probably be part of a team of supporters. You should ask the person with a disability who else is supporting them, and try to meet the other supporters.

What do I do as supporter?

- Help, support, and advise the person with a disability. You are not making choices for them, even if you think the person isn't making the best choice. People learn by making bad choices. They are safer and more protected if they can make their own choices. It is important to respect this. If you think you would want to substitute your judgment, you should not be a supporter.

Am I legally liable for the person's choices?

- No. You are not making the choices. You are helping this person make his or her own choices.

Do I have to be a supporter forever?

- No. You can stop at any time. However, you should only agree to be a supporter if you expect to be able to support this person for at least a year. It takes a while to get into the swing of supported decision-making, so you want to have enough time to learn about it and really try it out.

Where can I learn more?

- www.aclu.org/issues/disability-rights/supported-decision-making
- www.supporteddecisionmaking.org

Sharing My Medical Information

(Plain Language HIPAA Authorization for Disclosure of Health Information)

My name is _____.

My doctor's office or hospital is called: _____.

It is in this city: _____.

My doctors and nurses write notes about me. They also write about the tests they do. These notes are called **records**.

I want to share my medical records.

The person who can see my records is:

Name: _____

Address: _____

Phone number: _____

Email address: _____

This person can see:

Check one box.

- All of my medical records.
- Only some records. The records this person **can see** are:

Write what records you want the person to see.

Sharing My Medical Information
HIPAA 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 very 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

(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 about 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: _____