Supported Decision-Making Agreement
developed by Center for Public Representation

This is the Supported Decision-Making Agreement of

Name : _____ Date of birth: _____

Address: _____

Telephone: _____ Email:_____

A. I need supporter(s) to help me make decisions about:

☐ Taking care of my financial affairs, like banking

☐ Hiring a lawyer if I need one and working with the lawyer

☐ My health care, including large and small health care decisions

☐ Personal care (like where I live, the support services I need, managing the people who work with me, my diet, exercise, education, safety and activities)

☐ Other matters: _____

B. I expect my supporter(s) to help me in the following ways:

☐ Giving me information in a way I can understand

☐ Discussing the good things and bad things (pros and cons) that could happen if I make one decision or another

☐ Telling other people my wishes

☐ _____

C. I express myself and show what I want in the following ways:

☐ Telling people my likes and dislikes.

☐ Telling people what I do and do not want to do.

☐ _____

☐ _____

D. I designate the following individual(s) to be part of my Supported Decision-Making Network to assist me in making decisions.

Network Supporter #1

Name: _____ Date of birth: _____

Address: _____

Telephone: _____ Email: _____

Relationship: _____

Areas of Assistance for Supporter #1: *Check all that apply*:

☐ **Finances** ☐ **Healthcare** ☐ **Living Arrangements**

☐ **Relationships/Social** ☐ **Employment** ☐ **Legal Matters**

☐ **Other** (*please specify)*:

Areas I don't want Supporter #1 to assist me with:

Network Supporter #2

Name: _____ Date of birth: _____

Address: _____

Telephone: _____ Email: _____

Relationship: _____

Areas of Assistance for Supporter #2: *Check all that apply*:

☐ **Finances** ☐ **Healthcare** ☐ **Living Arrangements**

☐ **Relationships/Social** ☐ **Employment** ☐ **Legal Matters**

☐ **Other** (*please specify)*:

Areas I don't want Supporter #2 to assist me with:

Network Supporter #3

Name: _____ Date of birth: _____

Address: _____

Telephone: _____ Email: _____

Relationship: _____

Areas of Assistance for Supporter #3: *Check all that apply*:

☐ **Finances** ☐ **Healthcare** ☐ **Living Arrangements**

☐ **Relationships/Social** ☐ **Employment** ☐ **Legal Matters**

☐ **Other** (*please specify)*:

Areas I don't want Supporter #3 to assist me with:

Use the reverse side of this document to list additional supporters.

E. **If I have more than one Supporter** (Optional, but if you do not fill out this section, your Supporters will act "Successively".)

My Supporters will act (*choose one*)

☐ Jointly (work together to help me)

OR

☐ Successively (For example: Supporter #2 helps me if Supporter #1 is not available)

F. I understand that at any time I can choose to end this agreement. I understand that at any time I can choose to add, replace or remove a network supporter.

_____ _____

Signature Date

G. Notary Certification

Commonwealth of Massachusetts, County of _____

On this __ day of _____, 20___, before me, the undersigned notary public, personally appeared _____ proved to me through satisfactory evidence of identification, which were _____, to be the person whose name is signed on the preceding or attached document in my presence.

_____

(seal) Notary Public Signature

H. Network Supporters' Statements

Network Supporter #1

I understand that as _____'s supporter, my job is to honor and present his/her expressed wishes. In the event I cannot perform my job under this agreement, I will contact _____.

_____ _____
Signature Date

Network Supporter #2

I understand that as _____'s supporter, my job is to honor and present his/her expressed wishes. In the event I cannot perform my job under this agreement, I will contact _____.

_____ _____
Signature Date

Network Supporter #3

I understand that as _____'s supporter, my job is to honor and present his/her expressed wishes. In the event I cannot perform my job under this agreement, I will contact _____.

_____ _____
Signature Date

This form was developed by Center for Public Representation
www.supporteddecisions.org