

SUPPORTED DECISION-MAKING AGREEMENT

[NAME]
NOVEMBER 2018

A. DECIDER CONTACT INFORMATION

Name: [Name]

DOB: [Date]

Address: [Address]

Email: [Name]@gmail.com

Phone: [Number] (cell); [Number] (home)

B. TYPES OF DECISIONS I NEED HELP WITH

I need supporters to help me make decisions. I will rely on supporters to help me make decisions about:

- Where I live and who I live with;
- Who my support people will be;
- Making safe choices around the house and in the community;
- Making safe choices about dating;
- How I will get to places I need to go;
- Work, including if I will work and where, if I need training for work, how to apply for work, and how to get back and forth to work;
- Day programs that might be helpful for me;
- Paying bills, keeping a budget, and making big purchases;
- Keeping my money safe;
- When to go to the doctor or the dentist;
- Big, small, and emergency medical and dental decisions;
- Taking medicines, including prescribed and over-the-counter medicines;
- Important papers and mail that I cannot read;
- Signing contracts or other documents;
- Legal matters, including finding a lawyer and understanding my lawyer;
- My individualized support agreement.

C. SUPPORTERS

I choose the following people to be part of my team to help me make decisions:

1. My Shared Living Team at United Counseling Services, currently [Name], [Name], and [Name];
2. [Name], my home provider;
3. [Name], my aunt;
4. [Name], my home provider's adult son; and
5. [Name], [Name]'s girlfriend.

D. HOW MY SUPPORTERS WILL HELP ME

I want my supporters to help me by:

- Giving me information in a way I can understand;
- Discussing the good things or bad things (the “pros and cons”) that could happen if I make one decision or the other;
- Helping me express my wishes.

My **Shared Living Team** has agreed to help me with:

- Work, including if I will work and where, if I need training for work, how to apply for work, and how to get back and forth to work;
- Day programs that might be helpful for me;
- Choosing where to live and who I live with;
- Choosing who my support people will be;
- Making safe choices at home and in the community;
- Paying bills, keeping a budget, and making big purchases;
- Keeping my money safe;
- Deciding when to go to the doctor or dentist;
- Deciding about emergency and non-emergency medical and dental care;
- Important papers and mail that I cannot read;
- Signing contracts or other documents;

My Shared Living Team will communicate with me by talking with me on the phone, by texting me, or by meeting with me in person.

Any time I am making a decision about my living situation, my money, or about my medical appointments, I will confer with my Shared Living Team. Otherwise, I will reach out to my Shared Living Team only when I have a questions or want advice.

Supporter **[Name]**, as my shared living provider, has agreed to help me with:

- Making safe choices at home and in the community;
- Taking medicines, including prescribed and over-the-counter medicines;
- Getting back and forth to work or to day programs
- Budgeting my money and keeping my money safe;
- Deciding when to go to the doctor or dentist;
- Deciding about emergency and non-emergency medical and dental care;
- Important papers and mail that I cannot read;
- Signing contracts or other documents;
- Legal matters, finding a lawyer and understanding what my lawyer says.

[Name] will communicate with me about decisions by talking with me on the phone, by texting me, or by meeting with me in person.

I will check in with [Name] about decisions on a daily basis and especially when I have a question or want advice.

Supporter **[Name]**, my aunt, has agreed to help me with:

- Making safe choices about dating;
- Keeping my money safe;
- Going over my Individualized Support Agreement every two years.

[Name] will communicate with me about decisions by talking with me on the phone or by texting me.

I will check in with [Name] whenever my Individualized Support Agreement is up for review or else when I have a questions or want advice.

Supporters **[Name]** and **[Name]** have agreed to help me by being available for me to talk to as friends. I can also ask them for a second opinion about something my other supporters are helping me with. If I ask [Name] and [Name] to help me with something that one of my other supporters should help me with first, [Name] and [Name] will make sure I reach out to my main supporters for help. I will communicate with [Name] and [Name] by talking on the phone with them, by texting them, and by meeting with them in person.

I understand this agreement gives me more control over my decisions, but that it also gives me more responsibility. I will need to listen to my supporter's suggestions. Then I will need to make my own decisions and accept the consequences of those decisions.

This agreement will be reviewed if my Shared Living Team or home provider is going to change. The agreement will also be reviewed every six months, or more often if necessary. This agreement can be amended if my supporters and I agree to amend it.

I will sign Releases of Information so that my medical information can be shared with UCS, [Name], and [Name]. I will also sign a Release of Information so that my information held by UCS can be shared with [Name] and [Name].

Signed: _____
[Name]

Signed: _____
[Name], United Counseling Services

Signed: _____
[Name]

Signed: _____
[Name]

Signed: _____
[Name]

Signed: _____
[Name]