

**Nonotuck Resource Associates and
Center for Public Representation
Supported Decision-Making Agreement**

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 I can contact the Supported Decision-Making Project at any time to end this agreement or 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 the Supported Decision-Making Coordinator.

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 the Supported Decision-Making Coordinator.

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 the Supported Decision-Making Coordinator.

Signature

Date