

Maria Santiago

Maria is 35 years old and lives with her mother Gloria. Maria's family was involved in a car crash when she was two years old. Maria's father died and her mother was hospitalized. Maria survived and was placed in foster care following the crash. Reports indicate that following the accident, Maria started having seizures related to an acquired brain injury. She returned to her mother after 6 months in foster care and has been living with her since.

Maria is an only child. Her mother provides her with anything she wants and does whatever she asks. She cooks meals and makes sure that Maria's bedroom is clean. Maria's mother also helps her brush her teeth, brush her hair, and makes sure she is wearing clean clothes. According to Gloria, when Maria was about 15 years old, Maria accidentally set their house on fire while cooking breakfast, and this traumatized both of them. Maria is currently receiving In-Home Support Services, and the Direct Support Professional (DSP) assists her to participate in basic activities of daily living (ADLs) and skill-building to help increase her independence. Maria receives In-home, Group Day and Community Engagement Services from the same provider.

Maria loves her mother, but sometimes wants to go out with friends and others alone. She does not communicate with words. According to a sign language interpreter who assessed her several years ago, "Maria doesn't like when her mother and others tell her what to do and what not to do in public." She likes to listen to music, dance, watch movies, decorate her home on special occasions, paint, and make beautiful cards for friends, family, and others. Maria is active in the community. She participates in activities such as volunteering at the animal shelter, going to the lake to feed animals, and going to the church on Sundays. Maria likes to dress up to participate in special occasions such as the Christmas Dance, Valentine's Dance, and the Annual Realtors' Gala in Virginia Beach, VA. Maria's friend, Barbara, who is a realtor, always invites her to the Annual Realtors' Gala and other programs. Consistency and routine are important to Maria, as changes or not knowing what to expect cause her to be anxious.

Maria is able to walk independently, but sometimes needs support to ensure that she does not fall. Maria does not communicate with words. She

uses sign language, a picture communication board, and a program on her tablet to communicate with others. All staff supporting Maria have some level of proficiency in American Sign Language (ASL) to effectively communicate with her. In conversations, staff are mindful to ask Maria simple questions and give her 5-10 seconds to process before responding.

Maria wears eyeglasses and sees an optometrist yearly and as scheduled for eye examinations. Maria's seizures are managed with medications, and she sees a neurologist for medication management. Her Primary Care Physician (PCP) is in her locality and sees him at least twice a year and as needed. She was recently connected with a podiatrist for a toe infection (diagnosed by PCP), and she's yet to keep her initial appointment. Maria focuses on things and topics and needs support and guidance to process things better. Maria is diagnosed with anxiety, depression, and borderline personality disorder. She sees a psychiatrist through Coastal Behavioral Health monthly and as needed for medication management.

Maria's mother, Gloria, is aging, and family members are worried about who will support her as her mother gets older. Maria's mother is her Authorized Representative, Payee, and Durable Power of Attorney. Maria does not want to lose her rights and currently has a Supported Decision-Making Agreement to help her make her own choices and decisions.

Commonwealth of Virginia: Supported Decision-Making Agreement

This agreement should be read out loud or otherwise communicated in a way that is accessible and understandable to all parties. The form of communication should be appropriate to the needs and preferences of the person with a disability. A *Supported Decision-Making Facilitator* may be assigned to oversee this agreement, but is not required. Additionally, a notary may sign the agreement, but it is not required.

I, _____, am the creator of this Supported Decision-Making Agreement which is all about me, and that makes me the “*Decision Maker*”. I made this agreement with my choices and have selected people that I trust to be my “*Supporters*”.

The people I select as my *Supporters* are the people who have agreed to help me understand and make choices.

My *Supporters* **DO NOT** make decisions for me. They give me information, advice, and other support so that **I CAN make decisions for myself.**

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 onto the form and writing my initials next to what I add. I will keep track of anything I add by filling out and signing the “*Changes*” page attached to this agreement. I will also write the names of any Supporters that I no longer want to support me on the “*Cancellation*” page attached to this agreement and sign it.

If I decide that I no longer want to have a Supported Decision-Making Agreement, I can fill out the *Cancellation of Supported Decision-Making Agreement* section at the bottom of the “*Agreements*” page attached to this document.

Name of Decision Maker: _____

Preferred Method of Contact (e.g. email address, phone number, how to contact you):

Initial Effective Date of Agreement: _____

In addition to this Supported Decision-Making Agreement, I have the following forms of support:

___ Durable Power of Attorney	___ Documents Attached/ ___ Documents NOT Attached
___ Advance Medical Directive	___ Documents Attached/ ___ Documents NOT Attached
___ Financial Fiduciary	___ Documents Attached/ ___ Documents NOT Attached
___ HIPAA Release Form	___ Documents Attached/ ___ Documents NOT Attached
___ Educational Release Form	___ Documents Attached/ ___ Documents NOT Attached
___ Other: _____	___ Documents Attached/ ___ Documents NOT Attached

(e.g. DBHDS Authorized Representative, Health Passport, Person Centered 1 Page Health Profile)

Supported Decision-Making Agreement for: _____

**Commonwealth of Virginia:
Supported Decision-Making Agreement**

1. Health and Personal Care

I DO ___ / DO NOT ___ want help with health and personal care decisions. Here is a list of people I want to help me:

First and Last Name	Relationship	Home Address	Email	Phone Number

**If more than 3 Supporters, multiple Supporters can be typed in each row.*

These supporters may do these things:

Write **Y** for “yes” or **N** for “no” to say if your *Supporters* can or cannot help with each option.

___ Get and look at my health care information, including seeing my private health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). A release is signed and attached to this agreement.

___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me choose when to go to the doctor.

___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me make and keep my doctor and dentist appointments.

___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me understand and make medical choices in serious situations (for example, surgery, big injuries, mental or behavioral health crisis).

___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me understand and make medical choices in an emergency.

___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me understand and make medical choices in everyday situations (for example, check-up, getting medicine from the drug store).

___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me understand my medications, help remind me about my medications, and assist me in getting and taking my medications.

___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me understand personal hygiene, help remind me about my personal hygiene, and help me with my personal hygiene.

___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me choose what to wear and help me get dressed, if needed.

___ All Supporters/ ___ Only Supporters Listed Here: _____

Supported Decision-Making Agreement for: _____

**Commonwealth of Virginia:
Supported Decision-Making Agreement**

___ Help me decide where, when, and what to eat.
___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me make choices about drinking alcohol and using drugs.
___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me tell people what I want and what I don't want regarding my health and personal care.
___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me tell people how I make choices about my health and personal care.
___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Make sure people understand what I am saying about my health and personal care.
___ All Supporters/ ___ Only Supporters Listed Here: _____

To help with my health and personal care these supporters may also do these things:

(Examples: Attend medical appointments with me, talk directly to my doctors, help others understand what helps me calm down when I'm upset)

These supporters MAY NOT do these things to help me with my health and personal care:

(Examples: May not talk directly to doctors, may not attend medical appointments)

Supported Decision-Making Agreement for: _____

**Commonwealth of Virginia:
Supported Decision-Making Agreement**

2. Friends and Partners

I DO ___ / DO NOT ___ want help with decisions about my friends and partners. Here is a list of people I want to help me:

First and Last Name	Relationship	Home Address	Email	Phone Number

**If more than 3 Supporters, multiple Supporters can be typed in each row.*

These supporters may do these things:

Write **Y** for "yes" or **N** for "no" to say if your *Supporters* can or cannot help with each option.

___ Help me understand and choose if I want to date and who I want to date.

___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me understand and make choices about birth control and pregnancy, and access medical care, if needed.

___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me make choices about sex.

___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me make choices about marriage.

___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me choose who to spend time with.

___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me tell people what I want and what I don't want regarding my friends and partners.

___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me tell people how I make choices about my friends and partners.

___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Make sure people understand what I am saying about my choices and decisions regarding my friends and partners.

___ All Supporters/ ___ Only Supporters Listed Here: _____

Supported Decision-Making Agreement for: _____

**Commonwealth of Virginia:
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To help me with my friends and partners these supporters may also do these things:

(Examples: Help me find groups/places where I could meet new friends/partners, talk directly to my friends and partners)

These supporters MAY NOT do these things to help me with my friends and partners:

(Examples: May not talk directly to my friends and partners, may not decide who my friends and partners are, may not contact my friends and partners without my consent)

Supported Decision-Making Agreement for: _____

**Commonwealth of Virginia:
Supported Decision-Making Agreement**

3. Money

I DO ___ / DO NOT ___ want help with decisions about money. Here is a list of people I want to help me:

First and Last Name	Relationship	Home Address	Email	Phone Number

**If more than 3 Supporters, multiple Supporters can be typed in each row.*

These supporters can help me in these ways:

Write Y for “yes” or N for “no” to say if your *Supporters* can or cannot help with each option.

___ Get and look at my financial information, including bank records.
___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me get information about my finances.
___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me make big decisions about money (for example, opening a bank account, signing a lease).
___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me fill out financial forms and documents.
___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me keep a budget so I know how much money I can spend.
___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me pay rent and bills on time.
___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me make sure no one is taking my money or using it for themselves.
___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me tell people what I want and what I don’t want regarding my money.
___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me tell people how I make choices about my money.
___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Make sure people understand what I am saying about my choices and decisions regarding my money.
___ All Supporters/ ___ Only Supporters Listed Here: _____

Supported Decision-Making Agreement for: _____

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To help me with my money these supports may also do these things:

(Examples: Help me save money, Help me budget for larger purchase, look at and help me understand my Social Security benefits, help me apply for other benefits)

These supporters MAY NOT do these things to help me with my money:

(Examples: May not tell me how to spend my money, may not spend my money without my consent, may not see my finances without my consent)

Supported Decision-Making Agreement for: _____

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4. Where I Live and Community Living

I DO ___ / DO NOT ___ want help with decisions about where I live and how I live in my community. Here is a list of people I want to help me:

First and Last Name	Relationship	Home Address	Email	Phone Number

**If more than 3 Supporters, multiple Supporters can be typed in each row.*

These supporters can help me in these ways:

Write **Y** for “yes” or **N** for “no” to say if your *Supporters* can or cannot help with each option.

___ Get and look at information about places where I have lived.

___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me decide where to live.

___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me decide who to live with.

___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me understand chores, remind me to do chores, and help me do chores.

___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me understand any leases I am thinking about, and help me understand any rules of my home and community.

___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me make safe choices around the house (for example, turning off the stove, practicing for fire alarms).

___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me make decisions about what to do and where to go in my free time.

___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me make decisions about transportation, and help me use transportation.

___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me with understanding, finding, hiring, and firing support staff and services.

___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me make decisions about traveling to places I go often (for example, getting to stores, work, friends' homes).

___ All Supporters/ ___ Only Supporters Listed Here: _____

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___ Help me make decisions about traveling to places I do not go often (for example, special events, vacations).

___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me tell people what I want and what I don't want regarding where I live and what I do in my community.

___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me tell people how I make choices about where I live and what I do in my community.

___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Make sure people understand what I am saying about my choices and decisions regarding where I live and what I do in my community.

___ All Supporters/ ___ Only Supporters Listed Here: _____

To help me with where I live and my community these supporters may also do these things:

(Examples: Help me explore other ways to spend my days, talk directly to my paid supports, talk directly to my roommates)

These supporters MAY NOT do these things to help me with where I live and my community:

(Examples: May not change where I live without my consent, may not decide how I spend my days, may not speak with my paid supports without my consent)

Supported Decision-Making Agreement for: _____

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5. School and Education

I DO ___ / DO NOT ___ want help with decisions about school and education. Here is a list of people I want to help me:

First and Last Name	Relationship	Home Address	Email	Phone Number

**If more than 3 Supporters, multiple Supporters can be typed in each row.*

These supporters can help me in these ways:

Write **Y** for “yes” or **N** for “no” to say if your *Supporters* can or cannot help with each option.

___ Get and look at my education information, including seeing my education records under the Family Educational Rights and Privacy Act of 1974 (FERPA). A release is signed and attached to this agreement.

___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me make decisions about whether to go to school, and where to go.

___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me make decisions about special education and accommodations.

___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Attend education meetings with me, including IEP meetings and school conferences.

___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me make decisions about school activities and events.

___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me tell people what I want and what I don’t want regarding my education.

___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me tell people how I make choices about my education.

___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Make sure people understand what I am saying my education.

___ All Supporters/ ___ Only Supporters Listed Here: _____

Supported Decision-Making Agreement for: _____

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To help me with my school and education these supporters may also do these things:

(Examples: Help me understand my prevocational options, help me communicate my decisions about my prevocational interests to my teachers and school supports)

These supporters MAY NOT do these things to help me with my school and education:

(Examples: May not attend school/IEP meetings, may not decide what supports I receive at school, may not see my grades or school reports)

Supported Decision-Making Agreement for: _____

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6. Working

I DO ___ / DO NOT ___ want help with decisions about working. Here is a list of people I want to help me:

First and Last Name	Relationship	Home Address	Email	Phone Number

**If more than 3 Supporters, multiple Supporters can be typed in each row.*

These supporters can help me in these ways:

Write **Y** for “yes” or **N** for “no” to say if your *Supporters* can or cannot help with each option.

___ Help me choose if I want to work.

___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me understand my work choices and apply for jobs.

___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me understand how working will affect my benefits (Social Security, Medicaid, etc.).

___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me understand the benefits I can have at work (vacation time, sick leave, time off, etc.).

___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me request benefits at work (vacation time, sick leave, time off, etc.).

___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me make decisions about transitional services (services as I transition out of high school).

___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me explore and make decisions about internships, apprenticeships, and/or mentoring.

___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me make decisions about whether I need to take more classes or training to get a job I want, and help taking these classes.

___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me make decisions about supported employment or other supports and services I need in order to work.

___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Attend meetings about my employment with my employment supporters, including Vocational Rehabilitation or other employment agencies.

___ All Supporters/ ___ Only Supporters Listed Here: _____

Supported Decision-Making Agreement for: _____

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___ Help me with career preparation and placement.
___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me request accommodations for my work.
___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me get to and from work every day.
___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me talk to my employer.
___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me tell people what I want and what I don't want regarding my work and work related supports.
___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me tell people how I make choices about my work and work related supports.
___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Make sure people understand what I am saying about my work and work related supports.
___ All Supporters/ ___ Only Supporters Listed Here: _____

To help me with my work these supporters may also do these things:

(Examples: Talk to my employment supports, help me understand and decide my work schedule, talk to my employer or supervisor)

These supporters MAY NOT do these things to help me with my work:

(Examples: May not talk to my supervisor or employer without my consent, may not visit me at work, may not talk with my employment supports without my consent, may not dictate my work schedule)

Supported Decision-Making Agreement for: _____

**Commonwealth of Virginia:
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7. My Rights and Safety

I DO ___ / DO NOT ___ want help with decisions about my rights and safety. Here is a list of people I want to help me:

First and Last Name	Relationship	Home Address	Email	Phone Number

**If more than 3 Supporters, multiple Supporters can be typed in each row.*

These supporters can help me in these ways:

Write **Y** for “yes” or **N** for “no” to say if your *Supporters* can or cannot help with each option.

___ Help me understand my rights as a voter and register to vote.

___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me understand my choices when voting at elections.

___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me cast my ballot when voting.

___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me understand and sign contracts and formal agreements.

___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me understand and get help if I am being treated badly (abuse, neglect, exploitation, undue influence, manipulation).

___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me communicate to others and make sure people understand what I am communicating in regards to my rights and issues of safety (what I want and do not want when I’m upset or in crisis, what to do when interacting with emergency services).

___ All Supporters/ ___ Only Supporters Listed Here: _____

Supported Decision-Making Agreement for: _____

**Commonwealth of Virginia:
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To help me with my rights and safety these supporters may also do these things:

(Examples: Help me understand benefits that I am eligible for, help me apply for additional benefits, may help me find and obtain legal services, may help me access help when I feel unsafe)

These supporters MAY NOT do these things to help me with my rights and safety:

(Examples: May not dictate who I can and cannot talk to, may not decide who I vote for, may not sign contracts for me)

Supported Decision-Making Agreement for: _____

**Commonwealth of Virginia:
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8. Meeting and Talking with My Supporters

I DO ___ / DO NOT ___ want help coordinating meetings and talking with my Supporters. Here is a list of people I want to help me:

First and Last Name	Relationship	Home Address	Email	Phone Number

**If more than 3 Supporters, multiple Supporters can be typed in each row.*

These supporters can help me in these ways:

Write **Y** for “yes” or **N** for “no” to say if your *Supporters* can or cannot help with each option.

___ Help me contact my Supporters to set up meetings.

___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me talk with my Supporters when I am upset or have a problem with them.

___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me keep my Supporters updated on how I am doing.

___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me keep my Supporters updated on what I am doing.

___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me communicate to my Supporters to make sure they understand what I am saying.

___ All Supporters/ ___ Only Supporters Listed Here: _____

To help me meet and talk with my Supports these supporters may also do these things:

(Examples: Help me understand what my Supporters are telling me, help me communicate with my Supporters over email, text message, or the phone, Help advocate for me when meeting with my Supporters, Meet with my Supporters without me)

Supported Decision-Making Agreement for: _____

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These supporters MAY NOT do these things to help me meet and talk with my Supporters:

(Examples: May not meet with my Supporters without me, May not talk with my Supporters about me without me present)

Supported Decision-Making Agreement for: _____

**Commonwealth of Virginia:
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9. Other

I DO ___ / DO NOT ___ want help with other decisions. Here is a list of people I want to help me:

First and Last Name	Relationship	Home Address	Email	Phone Number

**If more than 3 Supporters, multiple Supporters can be typed in each row.*

These supporters may also help me in these other ways:

Other: _____

___ All Supporters/ ___ Only Supporters Listed Here: _____

Other: _____

___ All Supporters/ ___ Only Supporters Listed Here: _____

Other: _____

___ All Supporters/ ___ Only Supporters Listed Here: _____

Other: _____

___ All Supporters/ ___ Only Supporters Listed Here: _____

These supporters MAY NOT do these other things to help me:

Supported Decision-Making Agreement for: _____

**Commonwealth of Virginia:
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Agreements

By my signature below I, the *Decision Maker*, agree to consult and work with my *Supporters* in making decisions and in other matters that I need and to consider (think about) their guidance. This agreement starts when I sign it, and ends when I choose to end it. Any *Supporter* may leave the agreement by telling me in writing. If a *Supporter* leaves the agreement, the rest of the agreement continues.

By my signature below I, the *Supporter*, agree to be available as often as needed to give the *Decision Maker* my best advice and assistance. I agree to support the *Decision Maker* with honesty, good faith, and in their and only their stated best interest, in line with the *Decision Maker's* values, needs, and preferences in order to assist them with making decisions relating to their life. When requested by the *Decision Maker*, I agree to help them plan and arrange for supports and services that will help them live safely and successfully in the community without a legal guardian. As the *Supporter*, I acknowledge that I might know private information about the *Decision Maker* and will respect their confidentiality. I agree not to use my position to abuse, exploit, manipulate, slander or exercise undue influence on the *Decision Maker*. If I am also a paid provider, I will not provide support in areas that would appear as a conflict of interest.

None of the parties to this agreement are required to sign it, and any of us can resign from it with 10 days written notice to the others.

Maria Santiago
Signature of Decision Maker in This Agreement

Printed Name of Decision Maker in This Agreement

Date Signed: _____

I agree to be a *Supporter* under this agreement:

Gloria Santiago
Signature of Supporter 1

Printed Name of Supporter 1

Date Signed: _____

Barbara Marks
Signature of Supporter 2

Printed Name of Supporter 2

Date Signed: _____

Dr. Greene, MD
Signature of Supporter 3

Printed Name of Supporter 3

Date Signed: _____

This page can be printed again if space for more Supporter's signatures is needed.

Cancellation of Supported Decision-Making Agreement

I, _____, am the creator of this agreement, which is all about me, and that makes me the *Decision Maker*. As the *Decision Maker*, I no longer want this Support Decision-Making Agreement. This agreement will no longer be effective as of the date indicated below.

Signature of Decision Maker in This Agreement

Date of Revocation

**Commonwealth of Virginia:
Supported Decision-Making Agreement**

Agreements

By my signature below I, the *Decision Maker*, agree to consult and work with my *Supporters* in making decisions and in other matters that I need and to consider (think about) their guidance. This agreement starts when I sign it, and ends when I choose to end it. Any *Supporter* may leave the agreement by telling me in writing. If a *Supporter* leaves the agreement, the rest of the agreement continues.

By my signature below I, the *Supporter*, agree to be available as often as needed to give the *Decision Maker* my best advice and assistance. I agree to support the *Decision Maker* with honesty, good faith, and in their and only their stated best interest, in line with the *Decision Maker's* values, needs, and preferences in order to assist them with making decisions relating to their life. When requested by the *Decision Maker*, I agree to help them plan and arrange for supports and services that will help them live safely and successfully in the community without a legal guardian. As the *Supporter*, I acknowledge that I might know private information about the *Decision Maker* and will respect their confidentiality. I agree not to use my position to abuse, exploit, manipulate, slander or exercise undue influence on the *Decision Maker*. If I am also a paid provider, I will not provide support in areas that would appear as a conflict of interest.

None of the parties to this agreement are required to sign it, and any of us can resign from it with 10 days written notice to the others.

Maria Santiago
Signature of Decision Maker in This Agreement

Printed Name of Decision Maker in This Agreement

Date Signed: _____

I agree to be a *Supporter* under this agreement:

Mary Jones
Signature of Supporter 1

Printed Name of Supporter 1

Date Signed: _____

Kelly Armstrong
Signature of Supporter 2

Printed Name of Supporter 2

Date Signed: _____

Signature of Supporter 3

Printed Name of Supporter 3

Date Signed: _____

This page can be printed again if space for more Supporter's signatures is needed.

Cancellation of Supported Decision-Making Agreement

I, _____, am the creator of this agreement, which is all about me, and that makes me the *Decision Maker*. As the *Decision Maker*, I no longer want this Support Decision-Making Agreement. This agreement will no longer be effective as of the date indicated below.

Signature of Decision Maker in This Agreement

Date of Revocation

**Commonwealth of Virginia:
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Supported Decision-Making Facilitator (Optional):

By my signature below I, the *Facilitator*, agree to assist the *Decision Maker* with coordinating meetings with their *Supporters*, if and when needed. 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 *Decision Maker*. If I suspect abuse, exploitation, manipulation, neglect, or undue influence on the *Decision Maker* by a *Supporter* I will discuss my concerns with both the *Decision Maker* and the *Supporter*, and follow the *Protocols for Addressing Abuse and Exploitation*. I also agree to help and advise the *Decision Maker*, should they have issues or concerns with any of their *Supporters*. If I am also a *Supporter*, I will take necessary steps to prevent any potential conflict with my role as the *Facilitator*.

None of the parties to this agreement are required to sign it, and any of us can resign from it with 10 days written notice to the others.

Maria Santiago
Signature of Decision Maker in This Agreement

Printed Name of Decision Maker in This Agreement

Date Signed: _____

Barbara Marks
Signature of Facilitator

Printed Name of Facilitator

Date Signed: _____

Supported Decision-Making Agreement for: _____

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Supported Decision-Making Agreement**

Notary (Optional):

COMMONWEALTH OF VIRGINIA
COUNTY OF _____

On (date) _____ (name of Decision Maker) _____ appeared
and verified their identity, acknowledged this Supported Decision- Making Agreement, and affixed their
signature on the agreements page above.

NOTARY _____
Signature

REGISTRATION NUMBER _____

MY COMMISSION EXPIRES _____

SEAL

Supported Decision-Making Agreement for: _____

**Commonwealth of Virginia:
Supported Decision-Making Agreement**

Changes

Changes to this Supported Decision-Making Agreement can be made at any time by the Decision Maker to add a new Supporter(s) and/or adjust how Supporters provide support. Use the chart below to track changes to the Supported Decision-Making Agreement. Print this page again if space for more Amendments is needed or fill out a new Supported Decision-Making Agreement.

Change 1:

Date: _____

Change:

Maria Santiago

Signature of Decision Maker

Barbara Marks

Signature of Supporter(s) Involved

Signature of Supporter(s) Involved

Change 2:

Date: _____

Change:

Signature of Decision Maker

Signature of Supporter(s) Involved

Signature of Supporter(s) Involved

Change 3:

Date: _____

Change:

Signature of Decision Maker

Signature of Supporter(s) Involved

Signature of Supporter(s) Involved

Supported Decision-Making Agreement for: _____

**Commonwealth of Virginia:
Supported Decision-Making Agreement**

Cancellations

The Decision Maker and/or Supporters may cancel their agreement at any time. This cancellation will not affect any decisions made or action taken on the basis of the initial Supported Decision-Making Agreement prior to receiving this notice.

Cancelled Supporter(s) 1:

Date: _____

Name of Cancelled Supporter(s):

Signature of Decision Maker

Cancelled Supporter(s) 2:

Date: _____

Name of Cancelled Supporter(s):

Signature of Decision Maker

Cancelled Supporter(s) 3:

Date: _____

Name of Cancelled Supporter(s):

Signature of Decision Maker




Supported Decision-Making Agreement for: _____

Commonwealth of Virginia: Supported Decision-Making Discovery Tool




When do I want support? Everyone needs support with making some decisions, not just people with disabilities. Some people ask for help from a doctor when they are sick or before taking medicine. Some people ask a mechanic before buying a new car, or ask a friend before moving into a new apartment. When you get help from others with making decisions this is called Supported Decision-Making.

You can use this form to help you fill out the **Commonwealth of Virginia's Supported Decision-Making Agreement**. Place a check (✓) in box next to each sentence to say if you can do this on your own, if you can do it with support, or if you need someone else to do the task for you. You do not have to place a check in each area.




If you check "I can do this with support" think about who you might ask to support you, as well as what kind of support you want or need. You can also use the attached [Relationship Map](#) and/or [What Kind of Support Do I Want?](#) tools to help answer these questions.

	I can do this <u>on my own</u> . 	I can do this <u>with support</u> . 	I need <u>someone else</u> to do this for me. 
Health and Personal Care			
Get my health care information.			
Choose when to go to the doctor.			
Make and keep my doctor and dentist appointments.			
Understand and make medical choices in serious situations (for example, surgery, big injuries).			
Understand and make medical choices in an emergency.			




**Commonwealth of Virginia:
Supported Decision-Making Discovery Tool**

	I can do this <u>on my own</u>. 	I can do this <u>with support</u>. 	I need <u>someone else</u> to do this for me. 
Health and Personal Care- continued			
Understand and make medical choices in everyday situations (for example, check-up, getting medicine from the drug store).			
Understand my medications, help remind me about my medications, and assist me in getting and taking my medications.			
Understand personal hygiene, help remind me about my personal hygiene, and help me with my personal hygiene.			
Choose what to wear and help me get dressed, if needed.			
Decide where, when, and what to eat.			
Make choices about drinking alcohol and using drugs.			
Tell people what I want and what I don't want regarding my health and personal care.			
Tell people how I make choices about my health and personal care.			
Make sure people understand what I am saying about my health and personal care.			




**Commonwealth of Virginia:
Supported Decision-Making Discovery Tool**

	I can do this <u>on my own.</u> 	I can do this <u>with support.</u> 	I need <u>someone else</u> to do this for me. 
Friends and Partners			
Understand and choose if I want to date and who I want to date.			
Understand and make choices about birth control and pregnancy, and access medical care, if needed.			
Make choices about sex.			
Make choices about marriage.			
Choose who to spend time with.			
Tell people what I want and what I don't want regarding my friends and partners.			
Tell people how I make choices about my friends and partners.			
Make sure people understand what I am saying about my choices and decisions regarding my friends and partners.			

**Commonwealth of Virginia:
Supported Decision-Making Discovery Tool**




	I can do this <u>on my own</u>. 	I can do this <u>with support</u>. 	I need <u>someone else</u> to do this for me. 
Money			
Get information about my finances.			
Make big decisions about money (for example, opening a bank account, signing a lease).			
Fill out financial forms and documents.			
Keep a budget so I know how much money I can spend.			
Pay rent and bills on time.			
Make sure no one is taking my money or using it for themselves.			
Tell people what I want and what I don't want regarding my money.			
Make sure people understand what I am saying about my choices and decisions regarding my money.			

**Commonwealth of Virginia:
Supported Decision-Making Discovery Tool**




	I can do this <u>on my own</u>. 	I can do this <u>with support</u>. 	I need <u>someone else</u> to do this for me. 
Where I Live and Community Living			
Get and look at information about places where I have lived.			
Decide where to live.			
Decide who to live with.			
Understand chores, remind me to do chores, and help me do chores.			
Understand any leases I am thinking about, and help me understand any rules of my home and community.			
Make safe choices around the house (for example, turning off the stove, practicing for fire alarms).			
Make decisions about what to do and where to go in my free time.			
Make decisions about transportation, and help me use transportation.			
Understand, find, hire, and fire support staff and services.			
Make decisions about traveling to places I go often (for example, getting to stores, work, friends' homes).			

This document was adapted from *Supported Decision-Making – When Do I Need Support? A Resource Document*, developed by the American Civil Liberties Union (ACLU) and the Parent Educational Advocacy Training Center (PEATC).




**Commonwealth of Virginia:
Supported Decision-Making Discovery Tool**

	I can do this <u>on my own</u>. 	I can do this <u>with support</u>. 	I need <u>someone else</u> to do this for me. 
Where I Live and Community Living- continued			
Make decisions about traveling to places I do not go often (for example, special events, vacations).			
Tell people what I want and what I don't want regarding where I live and what I do in my community.			
Tell people how I make choices about where I live and what I do in my community.			
Make sure people understand what I am saying about my choices and decisions regarding where I live and what I do in my community.			
School and Education			
Get and look at my education information and records.			
Make decisions about whether to go to school, and where to go.			
Make decisions about special education and accommodations.			
Attend education meetings, including IEP meetings and school conferences.			
Make decisions about school activities and events.			

**Commonwealth of Virginia:
Supported Decision-Making Discovery Tool**




	I can do this <u>on my own</u>. 	I can do this <u>with support</u>. 	I need <u>someone else</u> to do this for me. 
School and Education- continued			
Tell people what I want and what I don't want regarding my education.			
Tell people how I make choices about my education.			
Make sure people understand what I am saying about my education.			
Working			
Choose if I want to work.			
Understand my work choices and apply for jobs.			
Understand how working will affect my benefits (Social Security, Medicaid, etc.).			
Understand the benefits I can have at work (vacation time, sick leave, time off, etc.).			
Request benefits at work (vacation time, sick leave, time off, etc.).			
Make decisions about transitional services (services as I transition out of high school).			

**Commonwealth of Virginia:
Supported Decision-Making Discovery Tool**




	I can do this <u>on my own</u>. 	I can do this <u>with support</u>. 	I need <u>someone else</u> to do this for me. 
Working- continued			
Explore and make decisions about internships, apprenticeships, and/or mentoring.			
Make decisions about whether I need to take more classes or training to get a job I want, and help taking these classes.			
Make decisions about supported employment or other supports and services I need in order to work.			
Attend meetings with my employment supporters, including Vocational Rehabilitation or other employment agencies.			
Make decisions about career preparation and placement.			
Request accommodations for my work.			
Get to and from work every day.			
Talk to my employer.			
Tell people what I want and what I don't want regarding my work and work related supports.			
Tell people how I make choices about my work and work related supports.			

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**Commonwealth of Virginia:
Supported Decision-Making Discovery Tool**

	I can do this <u>on my own</u>. 	I can do this <u>with support</u>. 	I need <u>someone else</u> to do this for me. 
Working- continued			
Make sure people understand what I am saying about my work and work related supports.			
My Rights and Safety			
Understand my rights as a voter and register to vote.			
Understand my choices when voting at elections.			
Cast my ballot when voting.			
Understand and sign contracts and formal agreements.			
Understand and get help if I am being treated badly (abuse, neglect, exploitation, undue influence, manipulation).			
Communicate to others and make sure people understand what I am saying in regards to my rights and issues of safety.			
Meeting and Talking with My Supporters			
Contact my Supporters to set up meetings.			
Talk with my Supporters when I am upset or have a problem with them.			



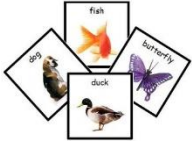

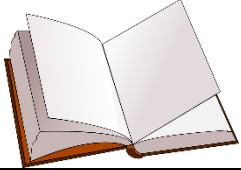


**Commonwealth of Virginia:
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	I can do this <u>on my own</u>. 	I can do this <u>with support</u>. 	I need <u>someone else</u> to do this for me. 
Meeting and Talking with My Supporters- continued			
Keep my Supporters updated on how I am doing.			
Keep my Supporters updated on what I am doing.			
Communicate to my Supporters to make sure they understand what I am saying.			
Other Choices or Activities			

**Commonwealth of Virginia:
Supported Decision-Making Discovery Tool**










What kind of support do I want? Support (help) can look different for everyone and can be different for each choice or activity.

You can use this form to help you think about the different ways people can help and how you might want your Supporters to help you. Place a check (✓) in the box next to each type of help you think you might want or need.

	Types of Support	
	Have help filling out/writing on forms, such as my Supported Decision-Making Agreement.	
	Have information written and/or spoken in simple words (plain-language).	
	Have information provided in pictures.	
	Talk to your Supporters to know what your choices are.	
	Research to learn more about your choices on your own or with help from your Supporters.	
	Talk to experts (people who know a lot about your choices) about your options and choices.	
	Talk to your Supporters to get advice.	

This document was adapted from *How to Make a Supported Decision-Making Agreement, A Guide for People with Disabilities and their Families*, developed by the American Civil Liberties Union (ACLU).

**Commonwealth of Virginia:
Supported Decision-Making Discovery Tool**

	Types of Support
	<p>Take extra time to think about your choices.</p> 
	<p>Get help making a pros and cons list (a list of good and bad sides of each choice).</p> 
	<p>Have Supporters remind you about your values (what is most important to you) and how these might impact your choices.</p> 
	<p>Help trying out different choices to see how you feel and which choice you like.</p> 
	<p>Have help from your Supporters with communicating your choice to others.</p> 
	<p>Use technology (a phone or computer) to help communicate your choice to others.</p> 
	<p>Receive reminders about important dates and times.</p> 
	<p>Have a Supporter come to meetings and appointments with you.</p> 
	<p>Take classes (on-line or in person) to help learn more about choices.</p> 

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**Commonwealth of Virginia:
Supported Decision-Making Discovery Tool**

Who do I want to support me? Supported Decision-Making Agreements are made up of Supporters and Decision Makers. You are the Decision Maker and the people you choose to help you are the Supporters. You can choose anyone you want to be your Supporter and you can choose to have many supporters. Some Supporters might help you in one area of life and others might help you in several areas. The decision is up to you.

When thinking about who you want as a Supporter, think about people that you trust and talk to them to see if they will agree to be your Supporter.

You can use this form to help you think about the different people who already help you in your life. Your name goes in the center circle. Write the names of the people who help you in the category that best fits them. People who you feel closest to will go in the circle closest to your name. People that you do not feel as close to or that you do not look to for help as often can go in the outer circle.

_____’s Relationship Map

Family

Friends

People who support me at work or school.

People who support me at home and other places.

The *Relationship Map* is a Person Centered Thinking tool developed by The Learning Community for Person Centered Practiced.

Sharing My Medical Information

(Plain Language HIPAA Authorization for Disclosure of Health Information)

A Note to Providers/ Records Departments: Per the Americans with Disabilities Act, individuals with disabilities are able to use simplified versions of forms to request or grant permission for others to access their information as a reasonable accommodation. There are no federal or state mandated forms for HIPAA Authorization. This form stands as a valid a means for the individual named below to request information and grant permission for others to access their information as detailed below.

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.)

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:

Maria Santiago

The date today is:

_____.