



Virginia Department of  
Behavioral Health &  
Developmental Services

## Virginia's Supported Decision-Making Agreement: The Details



Presented by the Office of Provider Development

DBHDS Vision: A life of possibilities for all Virginians

### Focus

Close your eyes and think.....



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# Pre-Training Survey






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# Pre-Training Survey

1. Are you an individual with a developmental disability (including intellectual disabilities)?
  - A. Yes
  - B. No
2. If you have a developmental disability, how old are you?
  - A. 17 years old or younger
  - B. 18-22 years old
  - C. 23-26 years old
  - D. 27- 59 years old
  - E. 60 years old or older
3. If you have a developmental disability, do you have any of the following: (select all that apply)
  - A. Legal Guardian
  - B. Power of Attorney
  - C. Authorized Representative
  - D. Supported Decision-Making Agreement
  - E. None
  - F. I do not know
4. What is your relationship to individuals with developmental disabilities? (select all that apply)
  - A. I have a developmental disability (including intellectual disability).
  - B. I'm a parent of someone with a developmental disability.
  - C. I'm a friend of someone with a developmental disability.
  - D. I work with people with developmental disabilities.
  - E. Other
5. If you work with people with developmental disabilities, what field are you in?
  - A. Public Services (Community Services Board, DD Waiver Provider, local or state agency, etc.)
  - B. Education
  - C. Legal
  - D. Financial
  - E. Medical
  - F. Other



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## Pre-Training Quiz

1. A Substitute Decision-Maker makes the final decision when using Supported Decision-Making.
  - a. True
  - b. False
2. Supported Decision-Making Agreements increase a person's chances of being abused or exploited by others.
  - a. True
  - b. False
3. You should investigate possible signs of abuse, neglect, or exploitation on your own before calling Adult Protective Services (APS) to make a report.
  - a. True
  - b. False
4. In Virginia, the most common type of substantiated reported abuse for adults is self-neglect.
  - a. True
  - b. False
5. Everyone is a mandated reporter in Virginia.
  - a. True
  - b. False

## Pre-Training Quiz

6. Supported Decision-Making Agreements are created by the Decision Maker and agreed to by the Supporter and Facilitator (if there is one).
  - a. True
  - b. False
7. A Supported Decision-Making Agreement can be created, changed, or ended at any time.
  - a. True
  - b. False
8. You must use the Virginia Supported Decision-Making Agreement template if you want to create a Supported Decision-Making Agreement.
  - a. True
  - b. False
9. You can have a Power of Attorney and/or an Advance Medical Directive, even if you have a Supported Decision-Making Agreement.
  - a. True
  - b. False
10. You must fill out all life areas on the Supported Decision-Making Agreement.
  - a. True
  - b. False

## Today's Goals

- Brief review of Supported Decision-Making and Supported Decision-Making Agreements
- Roles and Responsibilities
- Abuse, Neglect, Exploitation, Manipulation and Undue Influence: Defining, Identifying, Preventing, and Addressing
- Mandated Reporters
- Learn how to fill out Virginia's Supported Decision-Making Agreement template by completing your own Discovery Tools and SDMA
- Resources
- Post- Training Quiz
- Questions



## Supported Decision-Making: What is it?

**Supported Decision- Making-** “decision-making model in which an individual makes decisions with the support of trusted individuals” (American Bar Association)

**There is an expectation that people with DD have the opportunity to:**

- Exercise maximum self-determination
- Receive supports with making decisions in the least restrictive manner possible
- Identify who they want to help them make decisions and how

**SELF DETERMINATION**



## Supported Decision-Making: What is it?

### SDM:

**Supported Decision-Making-** a concept or practice (There are no “Supported Decision-Makers”.)

**Substitute Decision-Maker-** a person appointed to make decisions for someone else (NOT the same as Supported Decision-Making!)

## Supported Decision-Making: What is it?

### Informal –or- Formal

#### 4 Principles for Supported Decision-Making in Virginia:

1. Presumed capacity
2. Least restrictive option, and maximize an individual's autonomy and independence
3. Always take into consideration an individual's expressed personal preferences
4. Dignity of Risk



## Supported Decision-Making Agreements: What are they?

**Supported Decision-Making Agreement-** The formal process of documenting who an individual wants to support them, in what areas of life, and how they want to be supported.

### Comprised of:

- Decision Maker
- Supporter(s)
- Facilitator (optional)



## Roles and Responsibilities: Decision Maker

### Decision Maker

- Make your own decisions
- Self-determination and dignity of risk
- Select who you want as Supporters, when you receive help and how you receive help
- Change or cancel your Supported Decision-Making Agreement at any time



## Roles and Responsibilities: Supporter

### Supporter

- Be available
- Know they do not make decisions
- Provide honest and fair information
- Understand dignity of risk
- Not offer advice or help if not asked for
- Not provide advice about things that could be a conflict of interest and/or they do not know about
- Take into consideration your feelings, needs, and things you like
- Respect privacy and information
- Help plan and get supports and services



## Roles and Responsibilities: SDMA Facilitator

### Supported Decision-Making Agreement Facilitator

- Help schedule meetings with Supporters
- Provide help and advice
- Monitor your Supporters
- Monitor for suspected abuse, exploitation, manipulation, neglect, or undue influence



## Supported Decision-Making Agreements: What AREN'T they?

- They ARE NOT a backdoor to guardianship.
- They DO NOT permit the Supporter to make decisions for the individual.
- They ARE NOT a way for a parent to take away an individual's rights.
- They DO NOT take the place of Advance Medical Directives or POAs.

## Other Types of Representation

- **Power of Attorney-** is a person or multiple people you select to help make decisions about your care or different parts of your life when you are not able to do so
- **Advance Medical Directive-** a formal document that states what medical and/or psychiatric care you want in various situations





## Benefits and Risks of Supported Decision-Making Agreements

### Benefits

- Individuals maintains their rights
  - Increased autonomy and self-determination
    - Improved health outcomes
- Opportunity to develop skills in order to live more independently
- Avoiding lengthy and expensive legal processes
  - Reduction in more restrictive alternatives



## Benefits and Risks of Supported Decision-Making Agreements

### Risks

- Nothing is free of risk
- Abuse and exploitation



- Parent of person using a SDMA

## Abuse and Exploitation



## Abuse

### Types of Abuse

**Physical-** intentionally causing someone physical pain or injury (hurting someone on purpose)

**Mental or Psychological-** intentionally inflicting mental anguish by verbal assaults, threats, intimidation, humiliation, or other means

**Sexual-** unwanted sexual activity



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Source: DARS "Indicators of Adult Abuse, Neglect, or Exploitation"

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## Signs of Abuse

### Physical:

- Multiple/severe bruises, welts
- Bruises which resemble an object
- Old and new bruises
- Signs of bone fractures
- Broken bones, open wounds, skull fracture
- Striking, shoving, beating, kicking, scratching
- Sprains, dislocation, lacerations, cuts, punctures
- Bed sores
- Individual is prohibited from being alone with visitors
- Individual has recent or sudden changes in behavior
- Restrained, tied to bed, tied to chair, locked in, isolated
- Prolonged interval between injury and treatment

### Mental:

- Verbal assaults, threats, intimidation
- Individual is prohibited from being alone with visitors
- Individual has recent or sudden changes in behavior
- Restrained, tied to bed, tied to chair, locked in, isolated
- Prolonged interval between injury and treatment
- Untreated injuries
- Broken glasses/frames
- Untreated medical condition
- Burns, scalding
- Overmedicated
- Black eyes

### Sexual:

- Internal injuries
- Individual has recent or sudden changes in behavior
- Restrained, tied to bed, tied to chair, locked in, isolated
- Prolonged interval between injury and treatment
- Fear of caregiver or others
- Unexplained fear or mistrust
- Unwarranted suspicion
- STIs
- Genital or urinary issues
- Poor self-esteem
- Depression
- Self-destructive activity or suicidal ideation



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Source: DARS "Indicators of Adult Abuse, Neglect, or Exploitation"

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## Neglect

### Types of Neglect

**Neglect**- the lack of necessary assistance to keep someone physically and mentally healthy

**Self Neglect**- failure to provide one's self with the necessities of life (i.e. food, clothing, shelter, needed medical care, financial management), \*The most common type of substantiated reported abuse in Virginia for adults in 2021\*

## Signs of Neglect

- Untreated medical condition
- Untreated mental health problem(s)
- Bedsores
- Medication not taken as prescribed
- Malnourished
- Dehydrated
- Needs but does not have glasses, hearing aid, dentures, prosthetic device
- Lacks needed supervision
- Lack of food or inadequate food
- Accumulated newspaper/debris
- Unpaid bills
- Inappropriate or inadequate clothing
- Soiled bedding/furniture
- Uneaten food over period of time
- Homelessness
- Hazardous living conditions
- Dirt, fleas, lice on person
- Fecal/urine smell
- Animal infested living quarters
- Insect infested living quarters
- Non-functioning toilet
- No heat, running water, electricity



## Exploitation

### Types of Exploitation

*Financial-* the illegal use of an adult's resources or property for another individual's profit or advantage



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Source: DARS, "Indicators of Adult Abuse, Neglect, or Exploitation"

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### Signs of Exploitation

- Unexplained disappearance of funds, valuables, or personal belongings
- Financially dependent upon the older person or caregiver
- Misuse of money/property by another person/doesn't know what happened to money
- Transfer of property or savings / Checks no longer come to house
- Excessive payment for care and/or services
- Individual unaware of the amount of his or her income
- Depleted bank account
- Sudden appearance of previously uninvolved relatives/friends
- Change in payee, power of attorney or will
- Caregiver is overly frugal
- Unexplained cash flow
- Unusual household composition
- Chronic failure to pay bills
- Individual is kept isolated
- Signatures on check that do not resemble the individual's signature
- Individual reports signing papers and doesn't know what was signed



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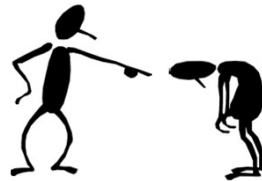
Source: DARS, "Indicators of Adult Abuse, Neglect, or Exploitation"

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## Manipulation & Undue Influence

**Manipulation-** to control or influence something or someone so that you get an advantage, often unfairly or dishonestly

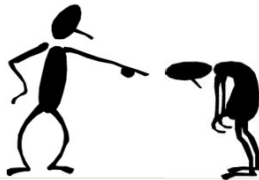
**Undue Influence-** excessive persuasion that causes another person to act or refrain from acting by overcoming that person's free will and results in inequity



## Signs of Manipulation & Undue Influence

### Manipulation:

- Individual feels fear, obligation and guilt
- Individual questions themselves
- Strings attached
- Specific techniques
- Example: Individual gives money/ resources they cannot afford to give



### Undue Influence:

- A special relationship of influence between the people (actual or presumed)
- Supporter takes advantage of the special relationship
- Example: Individual changes services based on what their Supporter tells them to do because it benefits the Supporter

## Preventing

- Knowing the warning signs
- Build trust
- Asking lots of questions
- Develop and increase the circle of support



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Source: Special Needs Alliance

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## Addressing

- Listen, affirm and reassure the person- this is never their fault
- Report it- APS, local law enforcement, licensing
- Refer to professionals for support- therapist/ clinician, support groups



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Source: Special Needs Alliance

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## Protocol for Addressing Abuse & Exploitation

*Supporters agree to not use their position to abuse, exploit, manipulate, neglect, or provide undue influence on the Decision Maker. Should you have concerns, discuss with the Decision Maker and contact Adult Protective Services, if needed. If abuse, exploitation, or neglect is suspected, contact Adult Protective Services and emergency services (911), as appropriate.*

*The Virginia Adult Protective Services hotline is 888-832-3858 or find the number to your local Adult Protective Services at <https://www.dss.virginia.gov/localagency/index.cgi>.*

*You can learn more about Adult Protective Services and mandated reporting at <https://www.vadars.org/aps/AdultProtServ.htm>.*



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## Roles and Responsibilities

### Supporters

- Monitor for signs of abuse, neglect, and exploitation
- Do not use their position to abuse, exploit, manipulate, neglect, or provide undue influence
- Discuss concerns with the Decision Maker
- If suspected, contact Adult Protective Services and/or 911

### Facilitators

- Same as Supporters above
- Monitor Supporters for signs of abuse, exploit, manipulate, neglect, or provide undue influence



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## Roles and Responsibilities

### Others Working With the Decision Maker

- Monitor for signs of abuse, neglect, exploitation, manipulation, or undue influence by the Supporters, Facilitator, and others
- Discuss concerns with the Decision Maker
- Know if you are a mandated reporter

*\*Everyone should contact Adult Protective Services and/or 911 if abuse, neglect, or exploitation is suspected\**



## Mandated Reporters

### **Who is a mandated reporter?**

- Guardians or conservators
- Social Workers
- Teachers/ Educators
- Behavior Analysts
- Licensed Professional Counselors
- Physical and Occupational Therapists
- Psychologists
- Mental health services providers
- A person employed by or contracted with a public or private agency or facility and working with adults
- A person providing care to an adult for compensation, including but not limited to companion, chore, homemaker and personal care workers



## Mandated Reporters

### Who is a mandated reporter?

- Physicians, Nurses, Physician Assistants, and Certified Nurse Aides
- Dentists and Dental Hygienists
- Nursing Home and Assisted Living Facility Administrators
- Respiratory Therapists
- Certified emergency medical services (EMS) personnel
- Optometrists
- Pharmacists and Technicians
- Law-enforcement officers



## Mandated Reporters

### What are they required to report?

Suspected abuse, neglect, or exploitation of adults with developmental disabilities.

### When are they required to report?

*“A. Matters giving reason to suspect the abuse, neglect or exploitation of adults shall be reported immediately upon the reporting person's determination that there is such reason to suspect.”* [§ 63.2-1606](#)



## Resources & Trainings

### **Virginia's APS Hotline- 888-832-3858**

#### *DARS Adult Protective Services-*

<https://vadars.org/aps/AdultProtServ.ht>

- Mandated Reporter Training
- Additional Information

#### *DARS Adult Protective Services-*

[https://vadars.org/aps/APSMandatedReporting/story\\_content/external\\_files/indicators\\_of\\_adult\\_abuse\\_neglect\\_or\\_exploitation\\_2017.pdf](https://vadars.org/aps/APSMandatedReporting/story_content/external_files/indicators_of_adult_abuse_neglect_or_exploitation_2017.pdf)

- Indicators of Adult Abuse, Neglect, or Exploitation

#### *Virginia Dept. of Social Services-*

<https://www.dss.virginia.gov/localagency/index.cgi>

- Phone numbers for local APS departments



## Resources & Trainings

#### *LEAP-* <https://leap.partnership.vcu.edu/>

- Training for individuals with DD to learn about healthy relationships and how to recognize and respond to unhealthy relationships

#### *PEATC-* <https://peatc.org/sexual-health-and-wellness/>

- Sexual health and wellness workshops for individuals with DD
- Sexual health and wellness trainings for parents of youth with DD



## Virginia's Supported Decision-Making Agreement

**“Don’t take my rights away...  
I want to make my own choices.”**



## Virginia's Supported Decision-Making Agreement

### 8 Life Areas:

- Health and Personal Care
  - Friends and Partners
    - Money
- Where I live and Community Living
- School and Education
  - Working
- My Rights and Safety
- Meeting and Talking with My Supporters
  - \*Other



## Discovery Tools

- When Do I Want Support?



- What Kind of Support Do I Want?

- Relationship Map

## Discovery Tools

### ***When Do I Want Support?***



Can I do this on my own?



Can I do this with help?






Do I need someone to do it for me?

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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 <b>on my own</b> 	I can do this <b>with support</b> 	I need <b>someone else</b> to do this for me. 
<b>Health and Personal Care</b>			
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, mental or behavioral health crisis).			
Understand and make medical choices in an emergency.			




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).  
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	I can do this <b>on my own</b> 	I can do this <b>with support</b> 	I need <b>someone else</b> to do this for me. 
<b>School and Education- continued</b>			
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 my education.			
<b>Working</b>			
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).			

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	I can do this <b>on my own</b> 	I can do this <b>with support</b> 	I need <b>someone else</b> to do this for me. 
<b>Working- continued</b>			
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**

**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?** looks to help answer these questions.

	I can do this on my own.	I can do this with support.	I need someone else to do this for me.
<b>Health and Personal Care</b>			
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, mental or behavioral health needs).			
Understand and make medical choices in an emergency.			

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**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

\*To add a new row, place cursor in bottom right box and press Tab.

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 crises).

\_\_\_\_ 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: \_\_\_\_\_  
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## Discovery Tools

### What Kind of Support Do I Want?

What do you like people to help you with?

What does this help look like?










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

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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	
Sometimes need forms explained before I fill them out.	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.

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

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## Discovery Tools

### **Relationship Map**

People who help you:

- Family
- Friends
- Home or Other Places
- School or Work

How close do you feel to them?



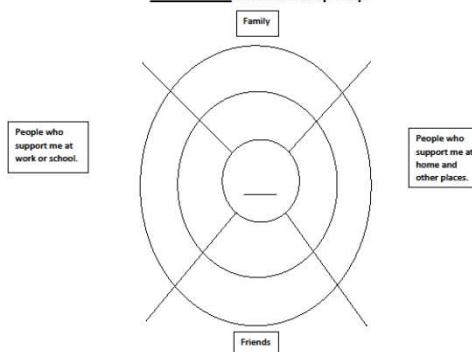
#### Commonwealth of Virginia: Supported Decision-Making Discovery Tool

**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



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

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.

**Sara's Relationship Map**

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

Page 1 of 1

## Sara's Supporters for Working

- Jordan
- Betsy
- Eric
- Tracy



## Virginia's Supported Decision-Making Agreement

### 8 Life Areas:

- Health and Personal Care
  - Friends and Partners
  - Money
- Where I live and Community Living
  - School and Education
  - Working
- My Rights and Safety
- Meeting and Talking with My Supporters
  - \*Other

### Other Parts:

- Other Types of Support
  - Agreements
- Cancellation of Agreement
- SDMA Facilitator (optional)
- Notary (optional)
- Changes
- Cancellations



**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, Sara Thompson, 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: Sara Thompson

Preferred Method of Contact (e.g. email address, phone number, how to contact you):  
Texting on cellphone: 404.444.4444

Initial Effective Date of Agreement: 08/01/2022

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

<input type="checkbox"/> Durable Power of Attorney	<input type="checkbox"/> Documents Attached/ <input type="checkbox"/> Documents NOT Attached
<input checked="" type="checkbox"/> Advance Medical Directive	<input checked="" type="checkbox"/> Documents Attached/ <input type="checkbox"/> Documents NOT Attached
<input type="checkbox"/> Financial Fiduciary	<input type="checkbox"/> Documents Attached/ <input type="checkbox"/> Documents NOT Attached
<input type="checkbox"/> HIPAA Release Form	<input type="checkbox"/> Documents Attached/ <input type="checkbox"/> Documents NOT Attached
<input type="checkbox"/> Educational Release Form	<input type="checkbox"/> Documents Attached/ <input type="checkbox"/> Documents NOT Attached
<input type="checkbox"/> Other: _____ (e.g. DBHDS Authorized Representative, Health Passport, Person Centered 1 Page Health Profile)	<input type="checkbox"/> Documents Attached/ <input type="checkbox"/> Documents NOT Attached

Supported Decision-Making Agreement for: Sara Thompson

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Commonwealth of Virginia:  
Supported Decision-Making Agreement

6. Working

I DO X / 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
Jordan T.	Husband	*****	*****	*****
Betsy T.	Mother-in-law	*****	*****	*****
Tracy W.	Coworker	*****	*****	*****
Eric W.	Director	*****	*****	*****

*\*To add a new row, place cursor in bottom right box and press Tab.*

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.

N Help me choose if I want to work.  
\_\_\_ All Supporters/ \_\_\_ Only Supporters Listed Here: \_\_\_\_\_

Y Help me understand my work choices and apply for jobs.  
\_\_\_ All Supporters/ X Only Supporters Listed Here: Betsy, Jordan, Tracy

Y Help me understand how working will affect my benefits (Social Security, Medicaid, etc.).  
\_\_\_ All Supporters/ X Only Supporters Listed Here: Betsy, Jordan

Y Help me understand the benefits I can have at work (vacation time, sick leave, time off, etc.).  
X All Supporters/ \_\_\_ Only Supporters Listed Here: \_\_\_\_\_

Y Help me request benefits at work (vacation time, sick leave, time off, etc.).  
\_\_\_ All Supporters/ X Only Supporters Listed Here: Eric

N Help me make decisions about transitional services (services as I transition out of high school).  
\_\_\_ All Supporters/ \_\_\_ Only Supporters Listed Here: \_\_\_\_\_

Y Help me explore and make decisions about internships, apprenticeships, and/or mentoring.  
\_\_\_ All Supporters/ X Only Supporters Listed Here: Eric, Tracy

Y 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.  
X All Supporters/ \_\_\_ Only Supporters Listed Here: \_\_\_\_\_

N Help me make decisions about supported employment or other supports and services I need in order to work.  
\_\_\_ All Supporters/ \_\_\_ Only Supporters Listed Here: \_\_\_\_\_

N 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: Sara Thompson

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Commonwealth of Virginia:  
Supported Decision-Making Discovery Tool

	I can do this <u>myself</u>	I can do this <u>with assistance</u>	I need <u>someone else</u> to do this for me
<b>School and Education-continued</b>			
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 my education.			
<b>Working</b>			
Choose if I want to work.	<input checked="" type="checkbox"/>		
Understand my work choices and apply for jobs.		<input checked="" type="checkbox"/>	
Understand how working will affect my benefits (Social Security, Medicaid, etc.).		<input checked="" type="checkbox"/>	
Understand the benefits I can have at work (vacation time, sick leave, time off, etc.).		<input checked="" type="checkbox"/>	
Request benefits at work (vacation time, sick leave, time off, etc.).		<input checked="" type="checkbox"/>	
Make decisions about transitional services (services as I transition out of high school).			

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).  
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Commonwealth of Virginia:  
Supported Decision-Making Agreement

6. Working

I DO X / 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
Jordan T.	Husband	*****	*****	*****
Betsy T.	Mother-in-law	*****	*****	*****
Tracy W.	Coworker	*****	*****	*****
Eric W.	Director	*****	*****	*****

*\*To add a new row, place cursor in bottom right box and press Tab.*

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.

N Help me choose if I want to work.  
\_\_\_ All Supporters/ \_\_\_ Only Supporters Listed Here: \_\_\_\_\_

Y Help me understand my work choices and apply for jobs.  
\_\_\_ All Supporters/ X Only Supporters Listed Here: Betsy, Jordan, Tracy

Y Help me understand how working will affect my benefits (Social Security, Medicaid, etc.).  
\_\_\_ All Supporters/ X Only Supporters Listed Here: Betsy, Jordan

Y Help me understand the benefits I can have at work (vacation time, sick leave, time off, etc.).  
X All Supporters/ \_\_\_ Only Supporters Listed Here: \_\_\_\_\_

Y Help me request benefits at work (vacation time, sick leave, time off, etc.).  
\_\_\_ All Supporters/ X Only Supporters Listed Here: Eric

N Help me make decisions about transitional services (services as I transition out of high school).  
\_\_\_ All Supporters/ \_\_\_ Only Supporters Listed Here: \_\_\_\_\_

Y Help me explore and make decisions about internships, apprenticeships, and/or mentoring.  
\_\_\_ All Supporters/ X Only Supporters Listed Here: Eric, Tracy

Y 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.  
X All Supporters/ \_\_\_ Only Supporters Listed Here: \_\_\_\_\_

N Help me make decisions about supported employment or other supports and services I need in order to work.  
\_\_\_ All Supporters/ \_\_\_ Only Supporters Listed Here: \_\_\_\_\_

N 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: Sara Thompson

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

**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
Jordan T.	Husband	****	****	****
Betty T.	Mother-in-law	****	****	****
Tracy W.	Coworker	****	****	****
Eric W.	Director	****	****	****

*\*To add a new row, place cursor in bottom right box and press Tab.*

These supporters can help me in these ways:  
Write ☒ for "yes" or ☐ for "no" to say if your Supporters can or cannot help with each option.

**N** Help me choose if I want to work.  
All Supporters/ ☐ Only Supporters Listed Here: \_\_\_\_\_

**Y** Help me understand my work choices and apply for jobs.  
All Supporters/ ☒ Only Supporters Listed Here: Betty, Jordan, Tracy

**Y** Help me understand how working will affect my benefits (Social Security, Medicaid, etc.).  
All Supporters/ ☒ Only Supporters Listed Here: Betty, Jordan

**Y** Help me understand the benefits I can have at work (vacation time, sick leave, time off, etc.).  
All Supporters/ ☒ Only Supporters Listed Here: \_\_\_\_\_

**Y** Help me request benefits at work (vacation time, sick leave, time off, etc.).  
All Supporters/ ☒ Only Supporters Listed Here: Eric

**N** Help me make decisions about transitional services (services as I transition out of high school).  
All Supporters/ ☐ Only Supporters Listed Here: \_\_\_\_\_

**Y** Help me explore and make decisions about internships, apprenticeships, and/or mentoring.  
All Supporters/ ☒ Only Supporters Listed Here: Eric, Tracy

**Y** 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: \_\_\_\_\_

**N** Help me make decisions about supported employment or other supports and services I need in order to work.  
All Supporters/ ☐ Only Supporters Listed Here: \_\_\_\_\_

**N** 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: Sara Thompson

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

**N** Help me with career preparation and placement.  
All Supporters/ ☐ Only Supporters Listed Here: \_\_\_\_\_

**N** Help me request accommodations for my work.  
All Supporters/ ☐ Only Supporters Listed Here: \_\_\_\_\_

**N** Help me get to and from work every day.  
All Supporters/ ☐ Only Supporters Listed Here: \_\_\_\_\_

**N** Help me talk to my employer.  
All Supporters/ ☐ Only Supporters Listed Here: \_\_\_\_\_

**N** 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: \_\_\_\_\_

**N** Help me tell people how I make choices about my work and work related supports.  
All Supporters/ ☐ Only Supporters Listed Here: \_\_\_\_\_

**N** 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)  
N/A

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)  
N/A

Supported Decision-Making Agreement for: Sara Thompson

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

**N** 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: \_\_\_\_\_

**N** Help me choose what to wear and help me get dressed, if needed.  
All Supporters/ ☐ Only Supporters Listed Here: \_\_\_\_\_

**N** Help me decide where, when, and what to eat.  
All Supporters/ ☐ Only Supporters Listed Here: \_\_\_\_\_

**N** Help me make choices about drinking alcohol and using drugs.  
All Supporters/ ☐ Only Supporters Listed Here: \_\_\_\_\_

**Y** 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: L.O., E.W., R.D., P.O.

**N** Help me tell people how I make choices about my health and personal care.  
All Supporters/ ☐ Only Supporters Listed Here: \_\_\_\_\_

**N** 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)  
Attend medical appointments with me and go into the exam room.  
- Only Supporters Listed Here: Sue

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)  
Do not talk to my doctors without me in the room.  
- Only Supporters Listed Here: Sue

Supported Decision-Making Agreement for: \_\_\_\_\_

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Commonwealth of Virginia:  
Supported Decision-Making Agreement

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

\*To add a new row, place cursor in bottom right box and press Tab.

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:

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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.

Signature of Decision Maker in This Agreement \_\_\_\_\_ Sara Thompson  
 Date Signed: 08/01/2022 Printed Name of Decision Maker in This Agreement

I agree to be a Supporter under this agreement:

Signature of Supporter 1 \_\_\_\_\_ Jordan T.  
 Date Signed: \_\_\_\_\_ Printed Name of Supporter 1

Signature of Supporter 2 \_\_\_\_\_ Betty T.  
 Date Signed: \_\_\_\_\_ Printed Name of Supporter 2

Signature of Supporter 3 \_\_\_\_\_ Eric W.  
 Date Signed: \_\_\_\_\_ Printed Name of Supporter 3

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 \_\_\_\_\_

Supported Decision-Making Agreement for:

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Commonwealth of Virginia: Supported Decision-Making Agreement		Commonwealth of Virginia: Supported Decision-Making Agreement	
<p><b>Supported Decision-Making Facilitator (Optional):</b></p> <p>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.</p> <p>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.</p> <p>Signature of Decision Maker in This Agreement _____ Printed Name of Decision Maker in This Agreement _____  Date Signed: _____</p> <p>Signature of Facilitator _____ Printed Name of Facilitator _____  Date Signed: _____</p> <p style="text-align: right;">Supported Decision-Making Agreement for: _____  Page 20 of 24</p>		<p><b>Notary (Optional):</b></p> <p>COMMONWEALTH OF VIRGINIA  COUNTY OF _____</p> <p>On (date) _____ (name of Decision Maker) _____ appeared and verified their identity, acknowledged this Supported Decision-Making Agreement, and affixed their signature on the agreement's page above.</p> <p>NOTARY _____  Signature _____  REGISTRATION NUMBER _____  MY COMMISSION EXPIRES _____</p> <p>SEAL _____</p> <p style="text-align: right;">Supported Decision-Making Agreement for: _____  Page 21 of 24</p>	

Commonwealth of Virginia: Supported Decision-Making Agreement		Commonwealth of Virginia: Supported Decision-Making Agreement	
<p style="text-align: center;"><b>Changes</b></p> <p>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.</p> <p>Change 1:  Date: _____  Change: _____  _____  _____  _____  Signature of Decision Maker _____</p> <p>Signature of Supporter(s) Involved _____ Signature of Supporter(s) Involved _____</p> <p>Change 2:  Date: _____  Change: _____  _____  _____  _____  Signature of Decision Maker _____</p> <p>Signature of Supporter(s) Involved _____ Signature of Supporter(s) Involved _____</p> <p>Change 3:  Date: _____  Change: _____  _____  _____  _____  Signature of Decision Maker _____</p> <p style="text-align: right;">Supported Decision-Making Agreement for: _____  Page 22 of 24</p>		<p style="text-align: center;"><b>Cancellations</b></p> <p>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.</p> <p>Cancelled Supporter(s) 1:  Date: _____  Name of Cancelled Supporter(s): _____  _____  _____  Signature of Decision Maker _____</p> <p>Cancelled Supporter(s) 2:  Date: _____  Name of Cancelled Supporter(s): _____  _____  _____  Signature of Decision Maker _____</p> <p>Cancelled Supporter(s) 3:  Date: _____  Name of Cancelled Supporter(s): _____  _____  _____  Signature of Decision Maker _____</p> <p style="text-align: right;">Supported Decision-Making Agreement for: _____  Page 23 of 24</p>	



## Supplemental Documents

### Other Forms:

1. Instructions
2. Medical Release of Information
3. Educational Release of Information
4. Frequently Asked Questions- Plain Language
5. Frequently Asked Questions
6. Any forms you attach



Commonwealth of Virginia:  
Supported Decision-Making Agreement  
[How to Fill Out My Supported Decision-Making Agreement](#)

**Step 1: Decide if a supported decision-making agreement is right for you.**

A supported decision-making agreement might be right for you if you can make decisions about your life on your own, or with some help from people you trust. You must be 18 years old or older and legally be able to make your own decisions. Typically, if you have a court-appointed legal guardian or conservator you have been declared incapacitated in some, if not all, parts of your life. This means that you may not have the legal right to make certain decisions. A supported decision-making agreement is not a legal document a judge would order in court to give you, but people should follow any choices you make, as you have the right to make all final decisions.

**Step 2: Decide when you want support.**

You might want support in some parts of your life, but not in others, and that is okay. You can use the [When Do I Want Support?](#) tool to help you think about choices in your life. For each choice or activity, think about if you:

- Can do this on your own.
- Can do it with help.
- Need someone to do it for you.

The choices and activities listed on this tool are the same ones listed on the [Commonwealth of Virginia Supported Decision-Making Agreement](#) and are listed in the same order on both forms.

**Step 3: Decide what kind of support you want.**

Support (help) can look different for everyone and can be different for each choice or activity. Think about the choices and activities you can do with help and what help looks like for you. You can use the [What Kind of Support Do I Want?](#) tool to help think about and write down the different types of support you might want.

**Step 4: Decide who you want to support you.**

Supported decision-making agreements are made up of supporters and decision makers. You are the decision maker and the people you select 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 with one thing and others might help you with several things. The decision is up to you.



<p>HPAA Authorization Adapted from ACLU's Sharing My Medical Information</p> <p><u>Sharing My Medical Information</u> (Plain Language HPAA Authorization for Disclosure of Health Information)</p> <p><small>A Note to Providers/Receivers: Pursuant to 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 HPAA Authorization. This form stands as a valid means for the individual named below to request information and grant permission for others to access that information as detailed below.</small></p> <p>My name is: _____</p> <p>My doctor's office or hospital is called: _____</p> <p>It is in this city: _____</p> <p>My doctors and nurses write notes about me. They also write about the tests they do. These notes are called records.</p> <p>I want to share my medical records.</p> <p>The person who can see my records is:</p> <p>Name: _____</p> <p>Address: _____</p> <p>Phone number: _____</p> <p>Email address: _____</p> <p>This person can see: (Check one box.)</p> <p><input type="checkbox"/> All of my medical records.</p> <p><input type="checkbox"/> Only some records. The records this person can see are: (Write what records you want the person to see.)</p> <p>_____</p> <p>_____</p> <p>Page 1 of 2</p>	<p>HPAA Authorization Adapted from ACLU's Sharing My Medical Information</p> <p>This person can see my records until: (Check one box.)</p> <p><input type="checkbox"/> This date: _____</p> <p><input type="checkbox"/> When I sign a form to say that this person can no longer see my records.</p> <p>I have decided to share my medical records with: _____</p> <p>I know that I do not have to share these records.</p> <p>I know that I can stop this agreement at any time.</p> <p>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.</p> <p>I trust the person I am sharing my records with.</p> <p>My signature: _____</p> <p>The date today is: _____</p> <p>Page 2 of 2</p>
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<p>Adapted from ACLU's Sharing School Information Plain Language Authorization to Disclose Educational Information</p> <p><u>Sharing School Information</u> (Plain Language Authorization to Disclose Educational Information)</p> <p>My name is: _____</p> <p>My address is: _____</p> <p>I go to school at: _____</p> <p>My school is in this city: _____</p> <p>I want someone to help me make choices about school.</p> <p>The person I want to help me is: _____</p> <p>This person's phone number is: _____</p> <p>I want this person to: (Check all boxes that apply.)</p> <p><input type="checkbox"/> I want this person to come to my Individualized Education Program (IEP) or 504 Plan meetings.</p> <p><input type="checkbox"/> I want this person to come to all meetings at my school.</p> <p><input type="checkbox"/> I want this person to get all the information that I get from my school.</p> <p><input type="checkbox"/> I want this person to communicate with school staff, including requesting help if there is a disagreement (i.e. legal due process, mediation).</p> <p><input type="checkbox"/> It is okay for this person to see my report card and progress reports.</p> <p><input type="checkbox"/> It is okay for this person to see my discipline records.</p> <p><input type="checkbox"/> It is okay for this person to see my evaluations.</p> <p><input type="checkbox"/> It is okay for this person to see all information that my school has about me.</p> <p><input type="checkbox"/> It is okay for this person to see the following information about me: _____</p> <p><input type="checkbox"/> It is okay for this person to do these other things: _____</p> <p>This agreement to share school information will continue until I say it should stop.</p> <p>My signature: _____</p> <p>Today's Date: _____</p> <p>Page 1 of 1</p>
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Commonwealth of Virginia:  
Supported Decision-Making Agreement  
Frequently Asked Questions  
(Plain Language)

**1. What is Supported Decision-Making?**  
When you choose to get help with making a decision that is called supported decision-making. 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. Many people with disabilities live on their own or with some help, and can make important decisions because they use supported decision-making. When you use supported decision-making, you work with people you trust to help you think about your different options, but you make the final decision.

**2. What is a Supported Decision-Making Agreement?**  
Supported Decision-Making Agreements are a way to show in writing who you want to support (help) you, in what areas of life, and how you want to be supported. Both you and the people you want to support you have to agree to working together on the things you put in your Supported Decision-Making Agreement.

- **Decision Maker-** You are the creator of the Supported Decision-Making Agreement and you are called the Decision Maker
- **Supporters-** The people you trust and select to help you understand and make choices are called Supporters
- **Supported Decision-Making Facilitator-** The person you select to help make sure your agreement is working and everyone is doing their part. This is optional and the person may also be one of your Supporters.

Your Supported Decision-Making Agreement can be changed (updated) at any time. You can use the "Changes" page on the Supported Decision-Making Agreement to write down your changes. You can also decide at any time that you no longer want a Supported Decision-Making Agreement. A Supported Decision-Making Agreement is not a legal document a judge would order in court to give you, but people should follow any choices you make, as you have the right to make all final decisions.

**3. What does a Supported Decision-Making Agreement NOT do?**  
Supported Decision-Making Agreements do not let people become your legal guardian or take away your rights, like voting, getting married, or moving into an apartment. They do not let your parents or anyone else make decisions for you. But it is also important to make sure you think about who you might want to make decisions for you if you are sick or can't make your own decisions. To help with this, you can fill out forms like an Advanced Medical Directive or a Power of

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## Supported Decision-Making Agreements

### ***How is one created?***

- Decision- Maker: Conversations and discovery with trusted people
- Support Coordinator, Providers, Family Members, etc.
- Ensure Supporters/ Facilitator agree

Can be created, updated, or revoked at any time.

The Decision Maker retains ALL rights and makes ALL decisions.



## Supported Decision-Making Agreements in Virginia

### Core Elements:

1. Who the Decision Maker wants as their Supporter(s)
2. When the Decision Maker wants help
3. How the Decision Maker wants to receive help
4. Signatures and dates that the Decision Maker and all Supporters agreed to the terms of the agreement



## Is a Supported Decision-Making Agreement right for me?

Do I need to have  
a Supported  
Decision-Making  
Agreement?



## Resources- Additional Trainings

CHAT- <https://cdl.partnership.vcu.edu/health-advocacy-training-chat/>

LEAP- <https://leap.partnership.vcu.edu/>

Person Centered Thinking-

[https://www.personcenteredpractices.org/pct\\_schedule\\_reg.html](https://www.personcenteredpractices.org/pct_schedule_reg.html)

TRAINING



## Resources

ACLU- <https://www.aclu.org/issues/disability-rights/integration-and-autonomy-people-disabilities/supported-decision-making>

The Arc of Northern Virginia- <https://thearcofnova.org/programs-services/sdm-resource-library/>

disAbility Law Center of Virginia- <https://www.dlc.v.org/supported-decision-making>

Knowledge  
is  
power!



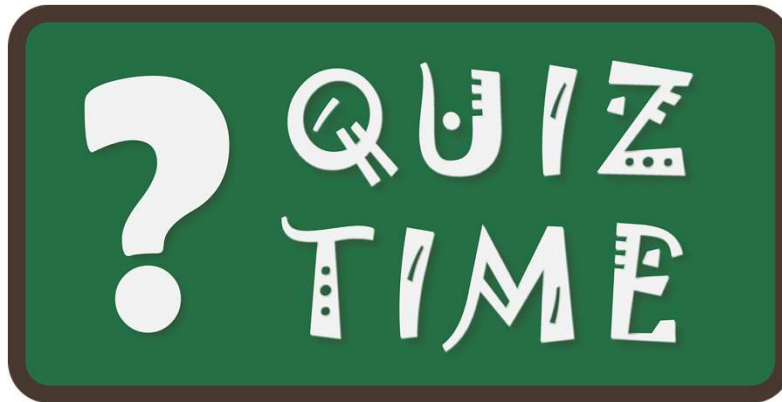
PEATC- <https://peatc.org/services/transition-to-adulthood/>

Supported Decision Making- <http://www.supporteddecisionmaking.org/>

Virginia WINGS booklet-

[https://www.vacourts.gov/courts/circuit/resources/guardian\\_options\\_pamphlet.pdf](https://www.vacourts.gov/courts/circuit/resources/guardian_options_pamphlet.pdf)

## Post-Training Quiz



## Post-Training Quiz

1. A Substitute Decision-Maker makes the final decision when using Supported Decision-Making.
  - a. True
  - b. False
2. Supported Decision-Making Agreements increase a person's chances of being abused or exploited by others.
  - a. True
  - b. False
3. You should investigate possible signs of abuse, neglect, or exploitation on your own before calling Adult Protective Services (APS) to make a report.
  - a. True
  - b. False
4. In Virginia, the most common type of substantiated reported abuse for adults is self-neglect.
  - a. True
  - b. False
5. Everyone is a mandated reporter in Virginia.
  - a. True
  - b. False

## Post-Training Quiz

6. Supported Decision-Making Agreements are created by the Decision Maker and agreed to by the Supporter and Facilitator (if there is one).
  - a. True
  - b. False
7. A Supported Decision-Making Agreement can be created, changed, or ended at any time.
  - a. True
  - b. False
8. You must use the Virginia Supported Decision-Making Agreement template if you want to create a Supported Decision-Making Agreement.
  - a. True
  - b. False
9. You can have a Power of Attorney and/or an Advance Medical Directive, even if you have a Supported Decision-Making Agreement.
  - a. True
  - b. False
10. You must fill out all life areas on the Supported Decision-Making Agreement.
  - a. True
  - b. False
11. Space for feedback and comments.

## Questions



## Contact Information

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