



Virginia Department of  
Behavioral Health &  
Developmental Services



# *Session 4:*

## *Virginia's Supported Decision-Making Agreement template*



Presented by the Office of Provider Development  
in Partnership with The Arc of Virginia

**DBHDS Vision: A life of possibilities for all Virginians**

# What We Will Talk About...

- Questions from Session 3
- Quick Review- *What is Supported Decision-Making?* and *What are Supported Decision-Making Agreements?*
- Meet Sam
- *Virginia's Supported Decision-Making Agreement* template
- Other Forms
- What now?
- Q&A
- Resources



# Questions from Session 3

**Who do I want to support me?**



# 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)

**Informal –or- Formal**

**SELF DETERMINATION**



# 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 of those in Supported Decision-Making Agreements

- **Decision Maker-** the person making the Supported Decision-Making Agreement  
Must be: at least 18 years old, have an intellectual or developmental disability, and be able to legally make your own decisions
- **Supporter(s)-** the person/people the Decision Maker asks to support them in their SDMA, Supporters agree to help
- **Facilitator (optional)-** the person the Decision Maker asks to make sure Supporters do what they agree to, can be a Supporter or can be someone else



A black and white photograph of a man in a dark suit and light-colored bow tie, standing in front of a large mirror and adjusting his bow tie. The scene is dimly lit, with the mirror reflecting a brighter area. The text "Meet Sam" is overlaid in the center in a large, white, sans-serif font.

**Meet Sam**

# Sam

Sam is 18 years old. He has autism and uses words to communicate. He is in high school and has been learning job skills and about how to be a good employee while in school. Sam is considering graduating so that he can work and focus on his dream of being an actor.

Sam lives with his mother, father, and older sister, who visits when home from college. Sam wants to live on his own in the nearby city after he graduates. He feels “the city is where stars are made.”



# Sam

Sam's parents are nervous about Sam living on his own and making his own decisions because they worry he will be taken advantage of by others. Sam has never had to budget his money or pay bills and believes that everyone he meets is his friend.

Sam and his family decided to use a supported decision-making agreement to help Sam talk through decisions in the areas of life he needs more support. Sam is able to make his own decisions and keep his rights and independence. Sam and his family understand the benefits of Sam's right to take risks and learn from them (dignity of risk).

# Discovery Tools

- What Kind of Support Do I Want?
- When Do I Want Support?
- Relationship Map

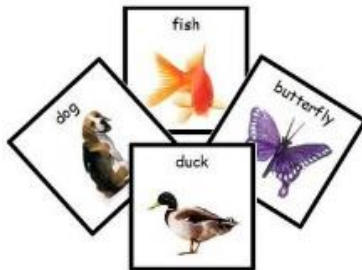


# Discovery Tools

## *What Kind of Support Do I Want?*

What do you like people to help you with?








What does this help look like?



Commonwealth of Virginia:  
Supported Decision-Making Discovery Tool


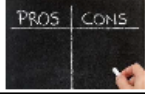







**What kind of support do I want?** Support (help) can look different for everyone and can be different for each choice or activity.

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).

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Supported Decision-Making Discovery Tool

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

## *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?

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. 
<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).		✓	
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).

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. 
<b>Health and Personal Care- continued</b>			
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.		✓	

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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?

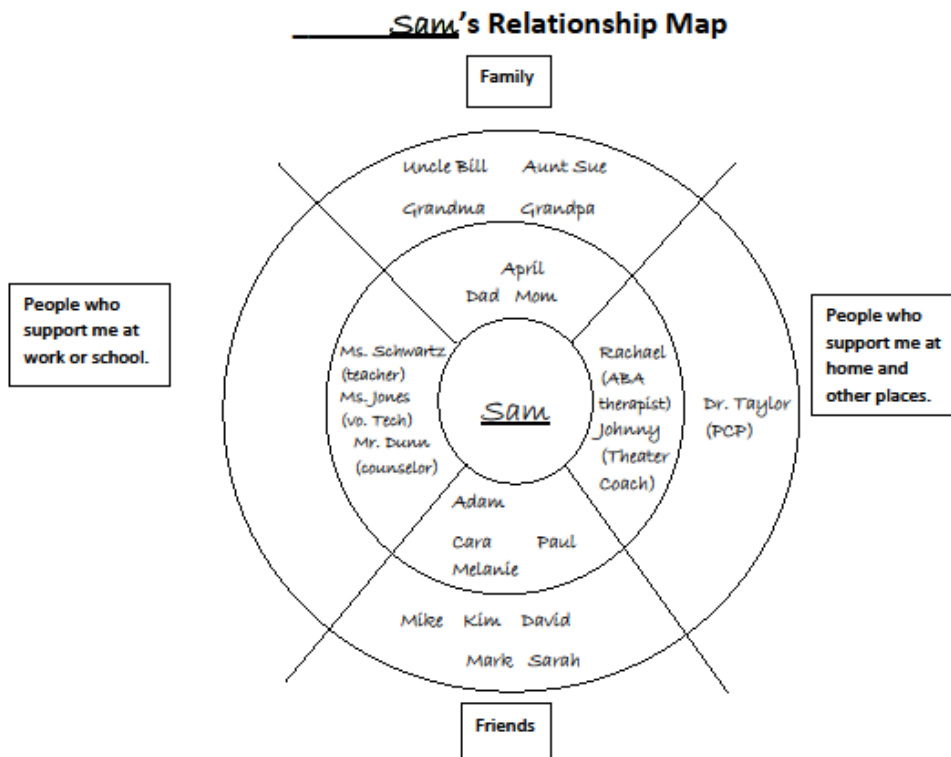


Commonwealth of Virginia:  
Supported Decision-Making Discovery Tool

**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.



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



# 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



**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, Sam Smith, 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: Sam Smith

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

Cell phone- 804-555-8000

Initial Effective Date of Agreement: 05/01/2022

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

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

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




Supported Decision-Making Agreement for: Sam Smith

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 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).		✓	
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).

Commonwealth of Virginia:  
Supported Decision-Making Agreement

1. **Health and Personal Care**

I DO X / 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
Paul Smith	Dad	345 Main St., Richmond, VA 23235	Paul.w.smith@email.com	804-555-8788
Mary Smith	Mom	345 Main St., Richmond, VA 23235	Mary.smith4@email.com	804-555-1234

\*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.

Y 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.

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

N Help me choose when to go to the doctor.

\_\_\_ All Supporters/ \_\_\_ Only Supporters Listed Here: \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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: \_\_\_\_\_

Supported Decision-Making Agreement for: Sam Smith

Commonwealth of Virginia:  
Supported Decision-Making Agreement

1. Health and Personal Care

I DO X / 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
Paul Smith	Dad	345 Main St., Richmond, VA 23235	Paul.w.smith@email.com	804-555-6789
Mary Smith	Mom	345 Main St., Richmond, VA 23235	Mary.smith4@email.com	804-555-1234

\*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.

Y 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.

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

N Help me choose when to go to the doctor.

\_\_\_ All Supporters/ \_\_\_ Only Supporters Listed Here: \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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: \_\_\_\_\_

Supported Decision-Making Agreement for: Sam Smith

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
Paul Smith	Dad	345 Main St., Richmond, VA 23235	Paul.w.smith@email.com	804-555-8789
Mary Smith	Mom	345 Main St., Richmond, VA 23235	Mary.smith4@email.com	804-555-1234

\*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.

Y 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.

X All Supporters/ ☐ Only Supporters Listed Here: \_\_\_\_\_

N Help me choose when to go to the doctor.

☐ All Supporters/ ☐ Only Supporters Listed Here: \_\_\_\_\_

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

X All Supporters/ ☐ Only Supporters Listed Here: \_\_\_\_\_

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

X All Supporters/ ☐ Only Supporters Listed Here: \_\_\_\_\_

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

X All Supporters/ ☐ Only Supporters Listed Here: \_\_\_\_\_

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

X All Supporters/ ☐ Only Supporters Listed Here: \_\_\_\_\_

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

X All Supporters/ ☐ Only Supporters Listed Here: \_\_\_\_\_

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: \_\_\_\_\_

Supported Decision-Making Agreement for: Sam Smith

Commonwealth of Virginia:  
Supported Decision-Making Agreement

N Help me decide where, when, and what to eat.

☐ All Supporters/ ☐ Only Supporters Listed Here: \_\_\_\_\_

Y Help me make choices about drinking alcohol and using drugs.

X All Supporters/ ☐ Only Supporters Listed Here: \_\_\_\_\_

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

N Help me tell people how I make choices about my health and personal care.

☐ All Supporters/ ☐ Only Supporters Listed Here: \_\_\_\_\_

Y Make sure people understand what I am saying about my health and personal care.

X 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)

1. Help me look for new doctors, when needed.- All Supporters

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)

None.

Supported Decision-Making Agreement for: Sam Smith





Commonwealth of Virginia:  
Supported Decision-Making Agreement

3. Money

I DO X / 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
Paul Smith	Dad	345 Main St., Richmond, VA 23235	Paul.w.smith@email.com	804-555-6789
Mary Smith	Mom	345 Main St., Richmond, VA 23235	Mary.smith4@email.com	804-555-1234
Rachael Jones	ABA Therapist	45 Duncan Rd, Richmond, VA 23113	jonesaba@email.com	703-777-6565

*\*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.

- Y Get and look at my financial information, including bank records.  
X All Supporters/ \_\_\_ Only Supporters Listed Here: \_\_\_\_\_
- Y Help me get information about my finances.  
X All Supporters/ \_\_\_ Only Supporters Listed Here: \_\_\_\_\_
- Y Help me make big decisions about money (for example, opening a bank account, signing a lease).  
\_\_\_ All Supporters/ X Only Supporters Listed Here: Paul Smith, Mary Smith
- Y Help me fill out financial forms and documents.  
X All Supporters/ \_\_\_ Only Supporters Listed Here: \_\_\_\_\_
- Y Help me keep a budget so I know how much money I can spend.  
X All Supporters/ \_\_\_ Only Supporters Listed Here: \_\_\_\_\_
- Y Help me pay rent and bills on time.  
\_\_\_ All Supporters/ X Only Supporters Listed Here: Paul Smith, Mary Smith
- Y Help me make sure no one is taking my money or using it for themselves.  
X All Supporters/ \_\_\_ Only Supporters Listed Here: \_\_\_\_\_
- N Help me tell people what I want and what I don't want regarding my money.  
\_\_\_ All Supporters/ \_\_\_ Only Supporters Listed Here: \_\_\_\_\_
- N Help me tell people how I make choices about my money.  
\_\_\_ All Supporters/ \_\_\_ Only Supporters Listed Here: \_\_\_\_\_
- N 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: Sam Smith

Commonwealth of Virginia:  
Supported Decision-Making Agreement

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)

None.

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)

None.

Supported Decision-Making Agreement for: Sam Smith

Commonwealth of Virginia:  
Supported Decision-Making Agreement

4. Where I Live and Community Living

I DO X / 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
Paul Smith	Dad	345 Main St., Richmond, VA 23235	Paul.w.smith@email.com	804-555-6789
Mary Smith	Mom	345 Main St., Richmond, VA 23235	Mary.smith4@email.com	804-555-1234
Rachael Jones	ABA Therapist	45 Duncan Rd, Richmond, VA 23113	rjonesaba@email.com	703-777-6565

\*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 Get and look at information about places where I have lived.  
\_\_\_ All Supporters/ \_\_\_ Only Supporters Listed Here: \_\_\_\_\_
- Y Help me decide where to live.  
X All Supporters/ \_\_\_ Only Supporters Listed Here: \_\_\_\_\_
- Y Help me decide who to live with.  
X All Supporters/ \_\_\_ Only Supporters Listed Here: \_\_\_\_\_
- Y Help me understand chores, remind me to do chores, and help me do chores.  
X All Supporters/ \_\_\_ Only Supporters Listed Here: \_\_\_\_\_
- Y Help me understand any leases I am thinking about, and help me understand any rules of my home and community.  
X All Supporters/ \_\_\_ Only Supporters Listed Here: \_\_\_\_\_
- Y Help me make safe choices around the house (for example, turning off the stove, practicing for fire alarms).  
X All Supporters/ \_\_\_ Only Supporters Listed Here: \_\_\_\_\_
- N Help me make decisions about what to do and where to go in my free time.  
\_\_\_ All Supporters/ \_\_\_ Only Supporters Listed Here: \_\_\_\_\_
- Y Help me make decisions about transportation, and help me use transportation.  
X All Supporters/ \_\_\_ Only Supporters Listed Here: \_\_\_\_\_
- Y Help me with understanding, finding, hiring, and firing support staff and services.  
X All Supporters/ \_\_\_ Only Supporters Listed Here: \_\_\_\_\_
- N 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: \_\_\_\_\_

Supported Decision-Making Agreement for: Sam Smith

Commonwealth of Virginia:  
Supported Decision-Making Agreement

Y Help me make decisions about traveling to places I do not go often (for example, special events, vacations).  
X All Supporters/ \_\_\_ Only Supporters Listed Here: \_\_\_\_\_

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

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

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

1. Help me with issues with my roommates. – Only Supporters Listed Here: Rachael Jones

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)

1. Talk to my roommates without me. – All Supporters

Supported Decision-Making Agreement for: Sam Smith



Commonwealth of Virginia:  
Supported Decision-Making Agreement

5. **School and Education**

I DO X / 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
Mary Smith	Mom	345 Main St., Richmond, VA 23235	Mary.smith4@email.com	804-555-1234
Paul Smith	Dad	345 Main St., Richmond, VA 23235	Paul.w.smith@email.com	804-555-6789

\*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.

Y 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/ X Only Supporters Listed Here: Mary Smith

Y Help me make decisions about whether to go to school, and where to go.  
X All Supporters/ \_\_\_ Only Supporters Listed Here: \_\_\_\_\_

Y Help me make decisions about special education and accommodations.  
X All Supporters/ \_\_\_ Only Supporters Listed Here: \_\_\_\_\_

Y Attend education meetings with me, including IEP meetings and school conferences.  
X All Supporters/ \_\_\_ Only Supporters Listed Here: \_\_\_\_\_

N Help me make decisions about school activities and events.  
\_\_\_ All Supporters/ \_\_\_ Only Supporters Listed Here: \_\_\_\_\_

N Help me tell people what I want and what I don't want regarding my education.  
\_\_\_ All Supporters/ \_\_\_ Only Supporters Listed Here: \_\_\_\_\_

N Help me tell people how I make choices about my education.  
\_\_\_ All Supporters/ \_\_\_ Only Supporters Listed Here: \_\_\_\_\_

Y Make sure people understand what I am saying my education.  
X All Supporters/ \_\_\_ Only Supporters Listed Here: \_\_\_\_\_

Supported Decision-Making Agreement for: Sam Smith

Commonwealth of Virginia:  
Supported Decision-Making Agreement

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)

None.

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)

None.

Supported Decision-Making Agreement for: Sam Smith

**6. Working**

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

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
Paul Smith	Dad	345 Main St., Richmond, VA 23235	Paul.w.smith@gmail.com	804-555-6789
Mary Smith	Mom	345 Main St., Richmond, VA 23235	Mary.smith4@gmail.com	804-555-1234
Johnny Prime	Theater Coach	676 Allen St., Richmond, VA 23234	theaterlv@gmail.com	804-888-3434

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

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

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: \_\_\_\_\_

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

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: Johnny Prime

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/ X Only Supporters Listed Here: Johnny Prime

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

Y Attend meetings about my employment with my employment supporters, including Vocational Rehabilitation or other employment agencies.  
X All Supporters/ \_\_\_ Only Supporters Listed Here: \_\_\_\_\_

Supported Decision-Making Agreement for: Sam Smith

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

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

Y Help me request accommodations for my work.  
X All Supporters/ \_\_\_ Only Supporters Listed Here: \_\_\_\_\_

Y Help me get to and from work every day.  
X 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: \_\_\_\_\_

Y Make sure people understand what I am saying about my work and work related supports.  
X 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)

None.

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)

None.

Supported Decision-Making Agreement for: Sam Smith

Commonwealth of Virginia:  
Supported Decision-Making Agreement

**7. My Rights and Safety**

I DO X / 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
Paul Smith	Dad	345 Main St., Richmond, VA 23235	Paul.w.smith@email.com	804-555-6789
Mary Smith	Mom	345 Main St., Richmond, VA 23235	Mary.smith4@email.com	804-555-1234
Rachael Jones	ABA Therapist	45 Duncan Rd, Richmond, VA 23113	jonesaba@email.com	703-777-6565

*\*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.

\_\_\_ Help me understand my rights as a voter and register to vote.  
\_\_\_ All Supporters/ \_\_\_ Only Supporters Listed Here: \_\_\_\_\_

Y Help me understand my choices when voting at elections.  
X All Supporters/ \_\_\_ Only Supporters Listed Here: \_\_\_\_\_

Y Help me cast my ballot when voting.  
X All Supporters/ \_\_\_ Only Supporters Listed Here: \_\_\_\_\_

Y Help me understand and sign contracts and formal agreements.  
X All Supporters/ \_\_\_ Only Supporters Listed Here: \_\_\_\_\_

Y Help me understand and get help if I am being treated badly (abuse, neglect, exploitation, undue influence, manipulation).  
X All Supporters/ \_\_\_ Only Supporters Listed Here: \_\_\_\_\_

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

Supported Decision-Making Agreement for: Sam Smith

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)

1. Help me understand benefits that I'm eligible for. – All Supporters
2. Help me apply for additional benefits. – All Supporters
3. Help me access help when I feel unsafe. – All Supporters

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)

1. May not sign contracts for me. – All Supporters

Supported Decision-Making Agreement for: Sam Smith

Commonwealth of Virginia:  
Supported Decision-Making Agreement

8. Meeting and Talking with My Supporters

I DO X / 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
Paul Smith	Dad	345 Main St., Richmond, VA 23235	Paul.w.smith@email.com	804-555-8789

\*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.

Y Help me contact my Supporters to set up meetings.  
X All Supporters/ \_\_\_ Only Supporters Listed Here: \_\_\_\_\_

Y Help me talk with my Supporters when I am upset or have a problem with them.  
X All Supporters/ \_\_\_ Only Supporters Listed Here: \_\_\_\_\_

N Help me keep my Supporters updated on how I am doing.  
\_\_\_ All Supporters/ \_\_\_ Only Supporters Listed Here: \_\_\_\_\_

N Help me keep my Supporters updated on what I am doing.  
\_\_\_ All Supporters/ \_\_\_ Only Supporters Listed Here: \_\_\_\_\_

Y Help me communicate to my Supporters to make sure they understand what I am saying.  
X All Supporters/ \_\_\_ Only Supporters Listed Here: \_\_\_\_\_

To help me meet and talk with my Supporters 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)

None.

Supported Decision-Making Agreement for: Sam Smith

Commonwealth of Virginia:  
Supported Decision-Making Agreement

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)

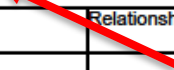
None.

Supported Decision-Making Agreement for: Sam Smith

Commonwealth of Virginia:  
Supported Decision-Making Agreement

9. Other

I DO \_\_\_ / DO NOT X 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: Sam Smith

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.

Sam Smith

Signature of Decision Maker in This Agreement

Sam Smith

Printed Name of Decision Maker in This Agreement

Date Signed: 05/01/2022

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

Rachael Jones

Signature of Supporter 1

Rachael Jones

Printed Name of Supporter 1

Date Signed: 05/01/2022

Johnny Prime

Signature of Supporter 2

Johnny Prime

Printed Name of Supporter 2

Date Signed: 05/01/2022

Adam Young

Signature of Supporter 3

Adam Young

Printed Name of Supporter 3

Date Signed: 05/01/2022

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

**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.

\_\_\_\_\_  
Signature of Decision Maker in This Agreement      Printed Name of Decision Maker in This Agreement

Date Signed: \_\_\_\_\_

\_\_\_\_\_  
Signature of Facilitator      Printed Name of Facilitator

Date Signed: \_\_\_\_\_

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

Commonwealth of Virginia:  
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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Decision Maker

\_\_\_\_\_  
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

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

Commonwealth of Virginia:  
Supported Decision-Making Agreement

\_\_\_\_\_  
Signature of Supporter(s) Involved

\_\_\_\_\_  
Signature of Supporter(s) Involved

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: \_\_\_\_\_



## 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 agreement 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.

### 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: \_\_\_\_\_

The date today is: \_\_\_\_\_.

\_\_\_\_\_

## Sharing School Information

*(Plain Language Authorization to Disclose Educational Information)*

My name is: \_\_\_\_\_.

My address is: \_\_\_\_\_.

I go to school at: \_\_\_\_\_.

My school is in this city: \_\_\_\_\_.

I want someone to help me make choices about school.

The person I want to help me is: \_\_\_\_\_.

This person's phone number is: \_\_\_\_\_.

I want this person to: *(Check all boxes that apply.)*

- ☐ I want this person to come to my Individualized Education Program (IEP) or 504 Plan meetings.
- ☐ I want this person to come to all meetings at my school.
- ☐ I want this person to get all the information that I get from my school.
- ☐ I want this person to communicate with school staff, including requesting help if there is a disagreement (i.e. legal due process, mediation).
- ☐ It is okay for this person to see my report card and progress reports.
- ☐ It is okay for this person to see my discipline records.
- ☐ It is okay for this person to see my evaluations.
- ☐ It is okay for this person to see all information that my school has about me.
- ☐ It is okay for this person to see the following information about me:  
\_\_\_\_\_
- ☐ It is okay for this person to do these other things:  
\_\_\_\_\_

This agreement to share school information will continue until I say it should stop.

My signature: \_\_\_\_\_.

Today's Date: \_\_\_\_\_.

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

# Supported Decision-Making Agreements

## *How is one created?*

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

Can be created, updated, or cancelled 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





# Next Steps...

1. Review your *Discovery Tools* and make changes, if needed:
  - *What Kind of Support Do I Want?*
  - *When Do I Want Support?*
  - *Relationship Map*
2. Ask the people you starred/circled on your *Relationship Map* to be your Supporters
3. Invite your Supporters to a meeting to fill out your Supported Decision-Making Agreement (SDMA)
4. Make sure you and your Supporters sign your SDMA
5. Give copies of your SDMA to people who might need them:
  - Supporters
  - Support Coordinators/ Case Managers
  - Doctors
  - Teachers
  - Providers
  - Etc.







**Thank You!!!**

# Resources

*DBHDS Supported Decision-Making-* <https://dbhds.virginia.gov/supported-decision-making-supported-decision-making-agreements/>

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

*National Resource Center for Supported Decision Making-* <http://www.supporteddecisionmaking.org/>

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

*The Arc of Virginia-* <https://www.thearcofva.org/supported-decision-making>

*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)

# Questions



# Contact Information

**Sara Thompson,**

*Supported Decision-Making Community Resource Consultant*

Phone: 804-869-0591

Email: [Sara.Thompson@dbhds.virginia.gov](mailto:Sara.Thompson@dbhds.virginia.gov)

