



**DBHDS Office of Provider Development**  
**Supported Decision-Making Agreement Draft Sample**

**(Planned) Effective:** July 15, 2022

**Purpose:** This document contains a draft sample of Virginia’s Supported Decision-Making Agreement (SDMA), which was mandated as part of the Department of Behavioral Health and Developmental Services’ powers and duties related to supported decision-making agreements in [§ 37.2-314.3](#) of the Code of Virginia by the 2021 Special Session I of the Virginia General Assembly with the passing of [House Bill 2230](#). Instructions on how to complete the agreement and optional discovery tools are included. SDMAs provide a way for individuals to document when they want support with making decisions, how they want to receive that support, and who they want to support them. The **decision maker** retains the right to make all final decisions. SDMAs are not legally binding and serve as a less restrictive alternative to substitute decision-making, such as legal guardianship. The Code of Virginia [§ 37.2-314.3](#) defines individuals entering into a SDMA as “**principals**,” however in the Virginia SDMA draft and all supplemental documents, the individual is referred to as the “**decision maker**.” Those from whom the individual identifies as wanting support are known as “**supporters**.” Following the implementation of the Virginia SDMA and educational campaign, data will be collected and presented along with recommendations in the form of a report to the Virginia General Assembly by November 1, 2022.

**Regulations addressed:** The Code of Virginia [§ 37.2-314.3](#) defines **supported decision-making agreements** as “*an agreement between a principal and a supporter that sets out the specific terms of support to be provided by the supporter, including (i) helping the principal monitor and manage his medical, financial, and other affairs; (ii) assisting the principal in accessing, obtaining, and understanding information relevant to decisions regarding his affairs; (iii) assisting the principal in understanding information, options, responsibilities, and consequences of decisions; and (iv) ascertaining the wishes and decisions of the principal regarding his affairs, assisting in communicating such wishes and decisions to other persons, and advocating to ensure the wishes and decisions of the principal are implemented.*” The use of supported decision-making and **supported decision-making agreements** in Virginia aligns with Human Rights Regulations regarding Participation in Decision Making and Consent [[12VAC35-115-70](#)] as “*each individual has a right to participate meaningfully in decisions regarding all aspects of services affecting him.*” SDMAs help ensure that the **decision maker** actively participates in decisions involving all aspects of their life and is supported in exercising their legal, civil, and human rights.

## **Instructions**

Instructions for how to complete Virginia's Supported Decision-Making Agreement template.

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**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 not have a court-appointed legal guardian or conservator. 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.

You can also choose someone to be a **supporter** and your **supported decision-making facilitator**. This person helps you make sure that the agreement is working and

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everyone is doing their part. You do not have to have a **supported decision-making facilitator** if you do not want one.

When thinking about who you want as a **supporter**, think about people that you trust and that know what you want and do not want in your life. You can use the [Relationship Map tool](#) to help you think about and write down people who help you and might be your **supporters**.

### **Step 5: Fill out your supported decision-making agreement.**

Ask the people you want to be your **supporters** to meet with you. Talk with them about the choices and activities you can do with help and what kind of help (support) you want. You can even show them your [When Do I Want Support?](#) and [What Kind of Support Do I Want?](#) tools to help with this conversation.

Read through the [Supported Decision-Making Agreement](#) with your **supporters** starting on the first (1) page and fill out each question. You can fill out (write) the information in the agreement yourself or have someone you trust help you fill it out. It is okay to ask questions if you do not understand something.

On the first (1) page, your name goes on the line that asks for the “**decision maker**.” Then write the best way for someone to contact you. This could be your email address, cell phone number, home phone number, or something else. Next is the “initial effective date of the agreement”. This is the date when you first fill out and sign this form with your **supporters**. The last part of page 1 is where you can point out if you have any other types of support. These included:

- *Durable Power of Attorney*- A document that tells people who you want to help make decisions for you if you are not able to tell people what you want on your own due to being sick or injured.
- *Advanced Medical Directive*- A document that tells people who you want to help make decisions about your health care for you if you are not able to tell people what you want on your own due to being sick or injured. It can also tell your doctors and people you trust what kind of medical care you do want, if you need it.
- *Representative Payee*- A person that helps pay your bills, budget, and makes sure you have money for the things you need.
- *HIPPA Release Form*- A form that tells your doctors who you say it is okay to let see notes (records) about your doctor’s appointments and health information.

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- *Educational Release Form*- A form that tells your school who you say it is okay to let see notes (records), attend meetings, and help you make decisions about your school services.
- *Other*- Any other documents that tell other people who the people are that help you and how they help you.

If you do have other types of support, write a check (✓) whether or not you are attaching a copy of the document to our [Supported Decision-Making Agreement](#).

Pages 2-18 list nine (9) life areas where you might make choices. These include:

1. *Health and Personal Care,*
2. *Friends and Partners,*
3. *Money,*
4. *Where I Live and Community Living,*
5. *School and Education,*
6. *Working,*
7. *My Rights and Safety,*
8. *Meeting and Talking with My Supporters, and*
9. *Other*- The life area of *Other* lets you write in other choices and activities you want help with or those that you do not want help with that are not listed in any of the other life areas.

For each life area, check (✓) whether you do or do not want help. If you answer that you “do not want help” in a life area, you do not need to answer any more questions for that life area and you can go to the next one.

If you do want help with this life area, fill out the name, relationship (for example, mom, dad, teacher, sister, friend, doctor, etc.), address, email address, and phone number of your **supporters** for that life area. Then write “Y” for yes or “N” for no next to each sentence if you want that support. Reminder: These are the same sentences from the [When Do I Want Support? tool](#) and are listed in the same order.

For each sentence that you answer “Y” to, check (✓) whether you want all of the **supporters** listed above to help you or just some of the **supporters**. If not all of the **supporters**, write the names of the **supporters** you want to help next to “Only Supporters Listed Here”.

For each life area, you have the option to write additional things you want help with, as there might be choices and activities not listed. You can also write things that you do not want your **supporters** to help you with or do for each life area.

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Page 19 is the *Agreements* page. This is the page that you and your **supporters** sign stating that you all agree to the information written in the *Supported Decision-Making Agreement*. Make sure you and your **supporters** read and understand the *Agreements* page before signing. Remember, it is okay to ask questions if you do not understand something. If you have more than three (3) **supporters**, you can print the *Agreements* page again so that the other **supporters** can sign.

Do not fill out the grey box at the bottom when you are first creating your *Supported Decision-Making Agreement*. The grey box is the “Cancellation of Supported Decision-Making Agreement”. You fill this out and sign when you no longer want a *Supported Decision-Making Agreement*.

Page 20 gives you the option to choose a **supported decision-making facilitator**. This person helps you make sure that the agreement is working and everyone is doing their part. They can help you schedule meetings and talk with your other **supporters**, like the things listed in area 8. *Meeting and Talking with My Supporters*. The **supported decision-making facilitator** might be a **supporter** that you trust with helping you with many decisions or they might not be one of your **supporters**. You do not have to have a **supported decision-making facilitator**. It is your choice.

Page 21 gives you the option to have a notary sign and stamp your *Supported Decision-Making Agreement*. A notary public is someone who can confirm that everyone signed the agreement. You do not have to have a notary sign and stamp your agreement. It is your choice. You can find a notary public at most banks and local courts.

Sometimes people want to make changes to their *Supported Decision-Making Agreement* after it is done. You can write these changes on page 22, the *Changes* page. Write the date of the change, what the change was, and sign it. If you are adding a **supporter**, then the new **supporter** will need to sign also. You can do this up to three (3) different times on this same form.

There may also be times when you might not want someone to support you anymore. When this happens, you can fill out page 23, the *Cancellation* page. Write the date of this change and the name(s) of the **supporter** you no longer want help from. Then sign the form. You can do this up to three (3) different times on this same form.

### ***Step 6: My supported decision-making agreement is done. Now what do I do?***

Once you have completed your *Supported Decision-Making Agreement* it is important to make sure that your **supporters** have copies of the agreement and other people who work with you have copies as well. This might include your doctors, case manager, school, service providers, or other people paid to support you. This way they know who you want support from, when you want support, and how you want support with different decisions. Make sure you keep a copy for yourself so that you know who to call when you need help or advice with different choices. It is important to that you and your

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**supporters** know that you cannot take your **supporters** to court if you do not like the advice they give you or they do not support you how you want to be supported (it is not legally binding). Remember, you make all of the decisions for yourself and you can change your **supporters** at any time.

### **Examples of People Using Supported Decision-Making Agreements**

#### **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’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).

#### **Nikkia**

Nikkia is 25 years old and works part-time at Target helping people in the dressing rooms and rehangng clothes. Nikkia has cerebral palsy and an intellectual disability.

She has lived in her own apartment for the past three (3) years. Her apartment has space for her to move around easily when she uses wheelchair or walker. Nikkia has friends, neighbors, and coworkers that she trusts and they help her. Her family does not live close to her.

Nikkia talks, but some people who do not know her do not understand what she is saying. She does not like to use any type of technology to help her communicate, like an iPad or tablet.

One day Nikkia fell and had to go to the hospital. The doctors did not understand what she was saying and no one was able to help Nikkia answer questions. This made Nikkia think that she needed to write down the people she wants to help her if she gets sick or hurt. Nikkia created an advanced directive while at the hospital, but felt that she wanted to write down all of the people she wants to help her in her life.

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Nikkia created a supported decision-making agreement with the people who agreed to be her Supporters. She gave copies of her supported decision-making agreement to her doctors, landlord, supervisor at work, and community case manager so that they all know what Nikkia wants help with, who she wants to help her, and how she wants to receive help.

### **Maria**

Maria is 35 years old and lives with her mother. Maria has an intellectual disability. When she was a toddler she had several seizures which also caused her to have a traumatic brain injury.

Maria does not use words to communicate, but does use sign language, pictures, and a program on her tablet.

During the day, Maria goes to a day support program in the mornings and then volunteers at the local SPCA shelter in the afternoons. Maria's mother helps Maria with many things each day. She organizes Maria's medications and reminds her when it is time to take them. She cooks for Maria and makes sure that Maria's bedroom is clean. Maria's mother also helps Maria brush her teeth, brush her hair, and makes sure she is wearing clean clothes. Maria's mother will drive Maria to places she wants to go and schedules the van when she cannot drive Maria.

Maria's mother is aging and her other family members are worried about who will help Maria as her mother gets older. Maria's mother never went to court to become her guardian. She felt she was able to care for Maria by being her Representative Payee, Power of Attorney, and Authorized Representative, which meant Maria could keep all of her rights. None of Maria's other family members can be Maria's legal guardian and Maria does not want to lose her rights to make her own decisions.

Maria, her mother, and her other family members decided to use a supported decision-making agreement to help Maria continue to make her own choices, but get help she needs when she wants it. Maria's mother feels a sense of relief knowing that a supported decision-making agreement is in place.



**Supported Decision-Making Agreement Sample**

The following pages of this document pertain to Sam's story, located on page 5 of the *Instructions*.

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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:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Durable Power of Attorney           | <input type="checkbox"/> Documents Attached/            | <input type="checkbox"/> Documents NOT Attached            |
| <input type="checkbox"/> Advanced Medical Directive          | <input type="checkbox"/> Documents Attached/            | <input type="checkbox"/> Documents NOT Attached            |
| <input checked="" type="checkbox"/> Representative Payee     | <input type="checkbox"/> Documents Attached/            | <input checked="" type="checkbox"/> Documents NOT Attached |
| <input checked="" type="checkbox"/> HIPAA Release Form       | <input checked="" type="checkbox"/> Documents Attached/ | <input type="checkbox"/> Documents NOT Attached            |
| <input checked="" type="checkbox"/> Educational Release Form | <input checked="" type="checkbox"/> Documents Attached/ | <input type="checkbox"/> Documents NOT Attached            |
| <input type="checkbox"/> Other: _____                        | <input type="checkbox"/> Documents Attached/            | <input type="checkbox"/> Documents NOT Attached            |
| (e.g. DBHDS Authorized Representative)                       |   |  |

**Supported Decision-Making Agreement for: Sam Smith**

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### 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 | 804-555-6789 |
| 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.

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).

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: \_\_\_\_\_

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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.  
 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.  
 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)

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.

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**2. Friends and Partners**

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

| First and Last Name | Relationship  | Home Address                       | Email               | Phone Number |
|---------------------|---------------|------------------------------------|---------------------|--------------|
| April Smith         | Sister        | 345 Main St., Richmond, VA 23235   | asmith@coll.edu     | 804-555-1000 |
| Rachael Jones       | ABA Therapist | 45 Duncan Rd, Richmond, VA 23113   | rjonesaba@email.com | 703-777-6565 |
| Adam Young          | Friend        | 56 W. Main St., Richmond, VA 23234 | Ayoung56@email.com  | 804-888-9900 |

*\*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.

N Help me understand and choose if I want to date and who I want to date.  
 \_\_\_ All Supporters/ \_\_\_ Only Supporters Listed Here: \_\_\_\_\_

Y Help me understand and make choices about birth control and pregnancy, and access medical care, if needed.  
 \_\_\_ All Supporters/ X Only Supporters Listed Here: Adam Young, Rachael Jones

N Help me make choices about sex.  
 \_\_\_ All Supporters/ \_\_\_ Only Supporters Listed Here: \_\_\_\_\_

Y Help me make choices about marriage.  
X All Supporters/ \_\_\_ Only Supporters Listed Here: \_\_\_\_\_

N Help me choose who to spend time with.  
 \_\_\_ All Supporters/ \_\_\_ Only Supporters Listed Here: \_\_\_\_\_

Y Help me tell people what I want and what I don't want regarding my friends and partners.  
X All Supporters/ \_\_\_ Only Supporters Listed Here: \_\_\_\_\_

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

Y Make sure people understand what I am saying about my choices and decisions regarding my friends and partners.  
X All Supporters/ \_\_\_ Only Supporters Listed Here: \_\_\_\_\_

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

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

None.

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

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

None.

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**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 | 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.

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: \_\_\_\_\_

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

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

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.

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

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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**\_\_\_\_\_

**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 |
|---------------------|---------------|-----------------------------------|------------------------|--------------|
| 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 |
| Johnny Prime        | Theater Coach | 676 Allen St., Richmond, VA 23234 | theaterlv@email.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 | 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 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.  
 \_\_\_ All Supporters/ X Only Supporters Listed Here: Paul Smith, Mary Smith

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 saying in regards to my rights and issues of safety.  
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 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  / 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 | 804-555-6789 |
|                     |              |                                  |                        |              |
|                     |              |                                  |                        |              |

*\*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.

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

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

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

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

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

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

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

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:

Paul Smith  
Signature of Supporter 1

Paul Smith  
Printed Name of Supporter 1

Date Signed: 05/01/2022

Mary Smith  
Signature of Supporter 2

Mary Smith  
Printed Name of Supporter 2

Date Signed: 05/01/2022

April Smith  
Signature of Supporter 3

April Smith  
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**

**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.

Sam Smith  
Signature of Decision Maker in This Agreement

Sam Smith  
Printed Name of Decision Maker in This Agreement

Date Signed: 05/01/2022

Paul Smith  
Signature of Facilitator

Paul Smith  
Printed Name of Facilitator

Date Signed: 05/01/2022

**Supported Decision-Making Agreement for: Sam Smith**

**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: Sam Smith**

**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:

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

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

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

**Change 2:**

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

Change:

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

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

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

**Change 3:**

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

Change:

---

---

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

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

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

**Supported Decision-Making Agreement for: Sam Smith**



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

**Cancellations**

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

**Cancelled Supporter(s) 1:**

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

Name of Cancelled Supporter(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**Cancelled Supporter(s) 2:**

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

Name of Cancelled Supporter(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**Cancelled Supporter(s) 3:**

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

Name of Cancelled Supporter(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**Supported Decision-Making Agreement for: Sam Smith**

### **Discovery Tools**




These three (3) tools can be used to gather helpful information when creating a Supported Decision-Making Agreement. These include 1) When Do I Want Support? tool, 2) What Kind of Support Do I Want? tool, and 3) Relationship Map tool.

**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> .<br> | I can do this <u>with support</u> .<br> | I need <u>someone else</u> to do this for me.<br> |
|---|---|---|--|
| <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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**Commonwealth of Virginia:  
Supported Decision-Making Discovery Tool**

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


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

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




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

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

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

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

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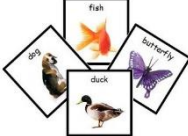

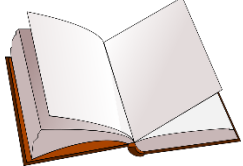


|   | <p align="center">I can do this <u>on my own.</u></p>  | <p align="center">I can do this <u>with support.</u></p>  | <p align="center">I need <u>someone else</u> to do this for me.</p>  |
|---|---|---|---|
| <b>Meeting and Talking with My Supporters- continued</b>                    |   |   |   |
| Keep my Supporters updated on how I am doing.                               | ✓   |   |   |
| Keep my Supporters updated on what I am doing.                              | ✓   |   |   |
| Communicate to my Supporters to make sure they understand what I am saying. |   | ✓   |   |
| <b>Other Choices or Activities</b>  |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |

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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.

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

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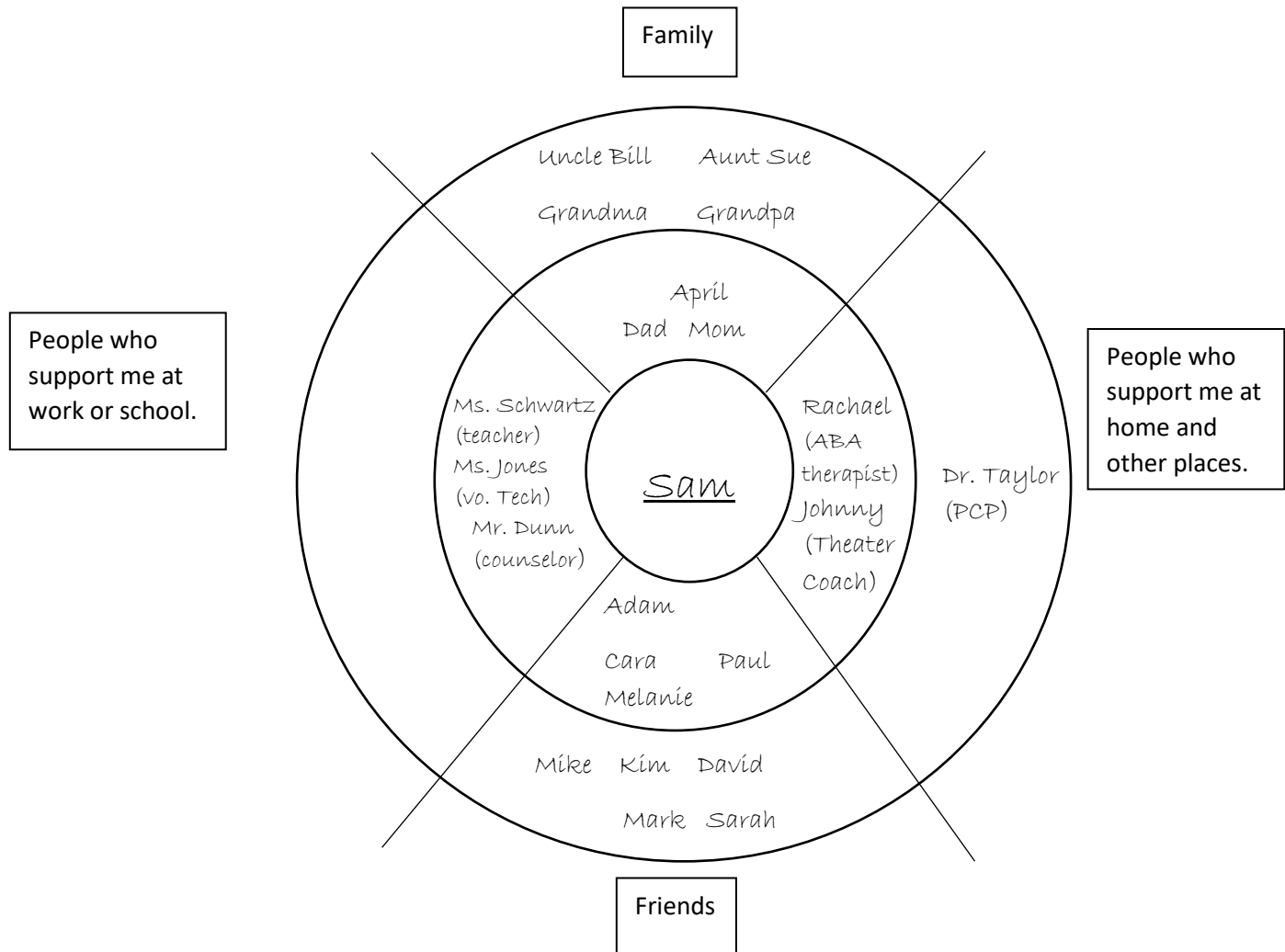
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**Who do I want to support me?** Supported Decision-Making Agreements are made up of Supporters and Decision Makers. You are the Decision Maker and the people you choose to help you are the Supporters. You can choose anyone you want to be your Supporter 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.

### Sam's Relationship Map



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