

# Supported Decision-Making Agreement

This supported decision-making agreement is to support and accommodate an individual with a disability to make life decisions, including decisions related to where and with whom the individual wants to live, the services, supports, and medical care the individual wants to receive, and where the individual wants to work, without impeding the self-determination of the individual with a disability.

This agreement may be revoked by the individual with a disability or his or her supporter at any time. If either the individual with a disability or his or her supporter has any questions about the agreement, he or she should speak with a lawyer before signing this supported decision-making agreement.

## Appointment of Supporter:

I (Name of Adult with Disability), \_\_\_\_\_ am entering into this agreement voluntarily.

I choose (Name of Supporter) \_\_\_\_\_ to be my Supporter.

Supporter's Address:

Phone Number:

E-mail Address:

## My Supporter may help me with life decisions about:

Yes \_\_\_ No\_\_\_ obtaining food, clothing and a place to live

Yes \_\_\_ No\_\_\_ my physical health

Yes \_\_\_ No\_\_\_ my mental health

Yes \_\_\_ No\_\_\_ managing my money or property

Yes \_\_\_ No\_\_\_ getting an education or other training

Yes \_\_\_ No\_\_\_ choosing and maintaining my services and supports

Yes \_\_\_ No\_\_\_ finding a job

Yes \_\_\_ No\_\_\_ Other:

My Supporter does not make decisions for me. To help me make decisions, my Supporter may:

1. Help me get the information I need to make medical, psychological, financial, or educational decisions;
2. Help me understand my choices so I can make the best decision for me; or
3. Help me communicate my decision to the right people.

Yes \_\_\_ No \_\_\_ My Supporter may see my private health information under the Health Insurance Portability and Accountability Act of 1996. I will provide a signed release.

Yes \_\_\_ No \_\_\_ My Supporter may see my educational records under the Family Educational Rights and Privacy Act of 1974 (20 U.S.C. Section 1232g). I will provide a signed release.

This agreement starts when signed and will continue until \_\_\_\_\_ (date) or until my Supporter or I end the agreement, or the agreement ends by law.

Signed this \_\_\_\_\_ (day) of \_\_\_\_\_ (month), \_\_\_\_\_ (year)

\_\_\_\_\_  
(Printed Name of Adult with Disability)

\_\_\_\_\_  
(Signature of Adult with Disability)

### **CONSENT OF SUPPORTER:**

I \_\_\_\_\_ (Name of Supporter) agree to provide support to an adult with a disability under this supported decision-making agreement. In doing so, I agree to:

1. Act in good faith
2. Act loyally and without self-interest; and
3. Avoid conflicts of interest.

\_\_\_\_\_  
(Printed Name of Supporter)

\_\_\_\_\_  
(Signature of Supporter)

### **WARNING: PROTECTION FOR THE ADULT WITH A DISABILITY**

If a person who receives a copy of this agreement or is aware of the existence of this agreement has cause to believe that the adult with a disability is being abused, neglected, or exploited by the supporter, the person can report the alleged abuse, neglect, or exploitation to the West Virginia Department of Health and Human Resources hotline at 1-800-352-6513.

### **DUTY OF CERTAIN PERSONS WITH RESPECT TO AGREEMENT**

A person who receives the original or a copy of a supported decision-making agreement shall rely on the agreement. A person is not subject to criminal or civil liability and has not engaged in

professional misconduct for an act or omission if the act or omission is done in good faith and in reliance on a supported decision-making agreement

\*The signature of two witnesses and or Notarization is not required for this agreement to be considered valid, but is strongly recommended.

Witness: \_\_\_\_\_ DATE: \_\_\_\_\_

Witness: \_\_\_\_\_ DATE: \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, a Notary Public of said County, do certify that \_\_\_\_\_

,

as principal, and \_\_\_\_\_ and \_\_\_\_\_, as witnesses,

whose names are signed to the writing above bearing date on the \_\_\_\_\_ day of \_\_\_\_\_,

20 \_\_\_\_\_, have this day acknowledged the same before me.

Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public