



Model Supported Decision-Making Agreement

This is a model Supported Decision-Making Agreement. It can be modified or customized for individual needs.

***A person may use Supported Decision-Making practices without any document.**

Supported Decision-Making Agreement

MO Rev Stat § 475.075 (13) (4)

*This document IS _____ / IS NOT _____ legally binding. **Only a person with the legal right and capacity to contract can make a legally binding agreement.***

I, _____, make this supported decision-making agreement to choose supporters to help me make decisions. I am choosing to make this agreement. I may end this agreement at any time. These supporters **DO NOT** make decisions for me. They give me information, advice, and other support so I can make decisions for myself.

My Name: _____

Created by the Missouri Consortium for Supported Decision-Making, with assistance from:

Missouri Protection & Advocacy Services

A Public Interest Law Firm Since 1977

1. Health Care

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

Name	Relationship	Home Address	Email	Phone number

These supporters may do these things:

Yes ____ No ____ - 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 at the end of this agreement.

Yes ____ No ____ - Help me make and keep appointments for my health care.

Yes ____ No ____ - Help me understand health care decisions.

Yes ____ No ____ - Help me understand my medications, help remind me about my medications, and assist me in getting and taking my medications.

Yes ____ No ____ - Help me understand personal hygiene, help remind me about my personal hygiene, and help me in with my personal hygiene.

Yes ____ No ____ - Help me decide where, when, and what to eat.

Yes ____ No ____ - Help me understand and access sexual health care.

Yes ____ No ____ - Communicate or help communicate my decisions to others.

These supporters may also do these things:

These supporters MAY NOT do these things:

2. Financial Decision-Making

I DO _____ / DO NOT _____ want help with financial decision-making. Here is a list of people I want to help me with financial decisions:

Name	Relationship	Home Address	Email	Phone number

These supporters can help me in these ways:

Yes ____ No ____ - Get and look at my financial information, including bank records.

Yes ____ No ____ - Help me get information about my finances.

Yes ____ No ____ - Help me make decisions about managing my money and property.

Yes ____ No ____ - Help me fill out financial forms and documents.

Yes ____ No ____ - Help me maintain a budget.

Yes ____ No ____ - Help me track financial due dates.

Yes ____ No ____ - Help me make decisions about work, finding jobs, and using services and supports to work.

Yes ____ No ____ - Get and look at information about my work, job supports, and job services.

Yes ____ No ____ - Communicate or help communicate my decisions to others.

These supporters may also do these things:

These supporters MAY NOT do these things:

3. Where I Live and Community Living

I DO _____ / DO NOT _____ want help with decisions about where I live and community living. Here is a list of people I want to help me with these decisions:

Name	Relationship	Home Address	Email	Phone number

These supporters can help me in these ways:

Yes ____ No ____ - Get and look at information about places where I have lived.

Yes ____ No ____ - Help me decide where to live.

Yes ____ No ____ - Help me decide who to live with.

Yes ____ No ____ - Help me understand chores, remind me to do chores, and help me do chores.

Yes ____ No ____ - Help me understand any leases I am thinking about, and help me understand any rules of my home and community.

Yes ____ No ____ - Help me make decisions about transportation, and help me use transportation.

Yes ____ No ____ - Help me with community living services and resources.

Yes ____ No ____ - Communicate or help communicate my decisions to others.

These supporters may also do the following:

I DO NOT give permission for these people to do the following:

4. Education

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

Name	Relationship	Home Address	Email	Phone number

These supporters can help me in these ways:

Yes ____ No ____ - 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 at the end of this agreement.

Yes ____ No ____ - Help me make decisions about whether to go to school, and where to go.

Yes ____ No ____ - Help me make decisions about special education and accommodations.

Yes ____ No ____ - Attend education meetings with me, including IEP meetings and school conferences.

Yes ____ No ____ - Help me make decisions about school activities and extracurriculars.

These supporters may also do the following:

I DO NOT give permission for these people to do the following:

5. Employment

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

Name	Relationship	Home Address	Email	Phone number

These supporters can help me in these ways:

Yes ___ No ___ - Get and look at my employment information.

Yes ___ No ___ - Get and look at medical information related to my employment, including seeing my private health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). A release is signed at the end of this agreement.

Yes ___ No ___ - Get and look at educational information related to my employment, including seeing my education records under the Family Educational Rights and Privacy Act of 1974 (FERPA). A release is signed at the end of this agreement.

Yes ___ No ___ - Help me make decisions about transitional services – services as I transition out of high school.

Yes ___ No ___ - Help me determine my career options.

Yes ___ No ___ - Help me make decisions about whether to do more education or training.

Yes ___ No ___ - Help me make decisions about supported employment.

Yes ___ No ___ - Attend meetings about my employment with my employment supporters, including Vocational Rehabilitation or other employment agencies.

Yes ___ No ___ - Help me with career preparation and placement.

Yes ___ No ___ - Help me request accommodations for my work.

Yes ___ No ___ - Help communicate with my work, including my employment support providers such as Vocational Rehabilitation or other employment agencies.

Yes ___ No ___ - Help me manage my financial benefits related to working.

(Employment Continued)

These supporters may also do the following:

These supporters MAY NOT do these things:

6. Other

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

Name	Relationship	Home Address	Email	Phone number

These supporters can help me in these ways:

These supporters MAY NOT do these things:

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.

Signed this date: _____

Signature of Person Entering This Agreement

Printed Name of Person Entering This Agreement

I agree to be a Supporter under this agreement:

Signature of Supporter 1

Printed Name of Supporter

I agree to be a Supporter under this agreement:

Signature of Supporter 2

Printed Name of Supporter

I agree to be a Supporter under this agreement:

Signature of Supporter 3

Printed Name of Supporter

I agree to be a Supporter under this agreement:

Signature of Supporter 4

Printed Name of Supporter

I agree to be a Supporter under this agreement:

Signature of Supporter 5

Printed Name of Supporter

This authorization will expire six months after my death.

I understand that my medical records disclosed pursuant to this authorization may be redisclosed by the recipient and may no longer be protected by the privacy regulations.

A photocopy of this authorization shall be considered as effective and valid as the original.

Signed this _____ (day) of _____ (month), _____ (year).

Signature

Printed Name

Authorization Under FERPA to Disclose Educational Records

To the following institution and records provider:

This Authorization is made pursuant to the Family Educational Rights and Privacy Act (FERPA) and its regulations.

Please provide information from the educational records of the following person:

Student

Please provide the information to the following person or people:

Person(s) and Relationship to Student

Person(s) and Relationship to Student

I authorize release of all records. This information is released for the purpose of getting support with my decisions, as specified in my Supported Decision-Making Agreement.

I understand that I may end this authorization in writing at any time except to the extent already acted upon. I may end this authorization by giving written notice to the institution/records provider listed above.

I understand that my records disclosed because of this authorization may be disclosed again by the recipient and may no longer be protected by the privacy regulations.

A copy of this authorization is as effective and valid as the original.

Signed this date: _____

Signature

Printed Name