

Supported Decision-Making Agreement

This agreement is governed by the Supported Decision-Making Act, _____.
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)

(Signature of Adult with Disability)

(Printed Name of Adult with Disability)

CONSENT OF SUPPORTER

I (Name of Supporter), _____ consent to act as a Supporter under this agreement.

(Signature of Supporter)

(Printed Name of Supporter)

This agreement must be signed in front of two witnesses or a Notary Public.

(Witness 1 Signature)

(Printed Name of Witness 1)

(Witness 2 Signature)

(Printed Name of Witness 2)

OR

Notary Public

State of _____

County of _____

This document was acknowledged before me on _____ (date)

By _____ and _____

(Name of Adult with a Disability)

(Name of Supporter)

(Signature of Notary)

(Printed Name of Notary)

(Seal, if any, of notary) My commission expires: _____

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 shall report the alleged abuse, neglect, or exploitation to the Department of Family and Protective Services by calling the Abuse Hotline at X-XXX-XXX-XXXX or online at www._____.org.

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.

STATUTORY FORM FOR
SUPPORTED DECISION-MAKING AGREEMENT

INTRODUCTION. I, _____, want to have one or more persons I trust help me make decisions, obtain and understand the information I need to make my decisions, and tell other people about my decisions. The people who will help me are my "supporters."

I can name three supporters in this form. If I want to have more than three supporters, I can use a form that is substantially similar to this form to enter into a supported decision-making agreement with the additional supporters.

This is a written agreement between me ("principal") and each of my supporters. I can say in this agreement what kind of help each of my supporters will give me. A SUPPORTER APPOINTED UNDER THIS AGREEMENT DOES NOT MAKE DECISIONS FOR ME.

My supporters may share information with each other (select one of the following):
Yes [] No []

SUPPORTERS. These are my supporters:

SUPPORTER NO. 1

Name: _____
Address: _____
Telephone number: _____
Electronic mail address: _____

I want this supporter to help me with (mark any of the following you want):

- Making choices about food and clothing
- Making choices about where and with whom I live
- Making choices about my health and health care
- Making choices about how I spend my time
- Making choices about where I work
- Making choices about my support services
- Making choices about how I spend my money and how I save my money
- Making choices about legal matters
- Making choices about (list other areas the supporter will help you with):

I do not want this supporter to help me with:

[Same information for SUPPORTER NO. 2 & 3]

ALTERNATE SUPPORTER. If one of my supporters dies, becomes unable to act as my supporter, refuses to act as my supporter, or terminates the supporter's part of this agreement, I want the following person to become my supporter and help me with the areas the original supporter was helping me with:

Name: _____

Address: _____

Telephone number: _____

Electronic mail address: _____

INFORMATION ACCESS FORMS.

I am attaching to this agreement (mark yes or no for each choice below):

A form that lets my supporter(s) obtain my health information under the Health Insurance Portability and Accountability Act

Yes No

A form that lets my supporter(s) see my educational records under the Family Educational Rights and Privacy Act of 1974

Yes No

GUARDIANS AND CONSERVATORS.

If I have a guardian or conservator, I must notify the guardian or conservator about this agreement. If this agreement encroaches on the authority of that guardian or conservator, the guardian or conservator must approve this agreement in writing.

I have a guardian, and I have notified the guardian about this agreement.

I am attaching a signed statement by my guardian approving my use of this agreement.

I have a conservator, and I have notified the conservator about this agreement.

I am attaching a signed statement by my conservator approving my use of this agreement.

NOTICE TO THIRD PARTIES.

This is a summary of the rights and obligations of a supporter under AS 13.56, the chapter that authorizes making this agreement. A supporter does not make decisions for the principal, but a supporter may provide a principal with help when making decisions, obtaining information for decisions, communicating decisions, and understanding the options, responsibilities, and consequences of decisions. A supporter may accompany the principal and participate in discussions with other persons. The principal sets out in this agreement the areas in which the supporter may help the principal with decisions. A third party must recognize a decision or request of the principal that is made or communicated with the assistance of a supporter as the decision or request of the principal. The principal or supporter may enforce the decision or request in law or equity. A principal may act without the help of the supporter.

DURATION AND TERMINATION OF AGREEMENT.

I can end all or part of this agreement at any time by giving notice to my supporter(s). My termination must be signed and notarized or witnessed like this agreement. This agreement starts _____ (date) and will continue until the agreement is terminated by me or my supporter(s).

SIGNATURE OF PRINCIPAL.

I know that I do not have to sign this agreement. I am entering into this agreement voluntarily and without coercion or undue influence. I understand the nature and effect of this agreement. I know that I can change this agreement at any time.

Signature: _____

Printed name: _____

Telephone number: _____

Electronic mail address: _____

Date: _____

SIGNATURES OF SUPPORTERS.

Signature of Supporter No. 1

Signature: _____

Printed name: _____

Date: _____

[Signature of SUPPORTER NO. 2 & 3]

{Signature of Alternate SUPPORTER}

DECLARATIONS OF SUPPORTERS.

DECLARATION OF SUPPORTER NO. 1. I, _____, am the principal's _____ (relationship to the principal). I am willing to act as the principal's supporter. I acknowledge my duties as a supporter under AS 13.56 I understand that my job as a supporter is to help the principal make decisions, obtain and understand information for decisions, communicate decisions, and understand the options, responsibilities, and consequences of decisions. My support may include giving the principal information in a way that the principal can understand, discussing pros and cons of decisions, and helping the principal communicate the principal's decisions. I will act with care, competence, and diligence. I know that I may not make decisions for the principal. I will not exert undue influence on the principal. I will not sign for the principal or provide an electronic signature of the principal to a third party. I will keep the principal's information confidential. I will not use information I receive under this agreement for a purpose other than as authorized by the principal for decision making, unless the principal consents to another use.

Signature: _____

Printed name: _____

Date: _____

[Declaration of SUPPORTER NO. 2 & 3]

DECLARATION OF ALTERNATE SUPPORTER.

I, _____, am the principal's _____ (relationship to the principal). I am willing to act as the principal's supporter in the place of another supporter. I acknowledge the duties as a supporter under AS 13.56. I understand that my job as a supporter would be to help the principal make decisions, obtain and understand information for decisions, communicate decisions, and understand the options, responsibilities, and consequences of decisions. My support may include giving the principal information in a way that the principal can understand, discussing pros and cons of decisions, and helping the principal communicate the principal's decisions. I will act with care, competence, and diligence. I know that I may not make decisions for the principal. I will not exert undue influence on the principal. I will not sign for the principal or provide an electronic signature of the principal to a third party. I will keep the principal's information confidential. I will not use information I receive under this agreement for a purpose other than as authorized by the principal for decision making, unless the principal consents to another use.

Signature: _____

Printed name: _____

Date: _____

NOTARIZATION OR WITNESSING.

The signatures on this agreement must be either (1) notarized, or (2) witnessed by two witnesses.

NOTARIZATION

State of _____

_____ Judicial District

On this ____ day of _____, in the year _____, before me,

_____ (name of notary public), appeared

_____ (name of principal), and

_____ (name of each supporter and alternate supporter named in the

agreement), personally known to me to be the persons who executed this agreement, and each acknowledged to me that each executed the agreement as the person's free and voluntary act and deed for the uses and purposes under this agreement. Witness my hand and official seal the day and year written above.

(Signature of notary public)

(Seal, if any)

(Title and rank)

My commission expires: _____

WITNESSING

If the signatures 1 are not notarized, two adults must witness the signatures of the principal, the supporter(s), and any alternate supporter, and all must sign together in the presence of the witnesses. A witness CANNOT be a supporter named in this agreement. The witnesses CANNOT be employees or agents of the supporter(s) named in this agreement. Unless a person who understands the principal's means of communication is present to assist when the agreement is signed, each witness must understand the means of communication used by the principal.

1. Witness signature: _____

Printed name: _____

Date: _____

2. Witness signature: _____

Printed name: _____

Date: _____

APPROVAL BY GUARDIAN. I am the guardian of _____. I have read and understand the nature and effect of this agreement. I approve the use of this agreement by _____ (name of principal) to obtain support in making decisions.

Signature: _____

Printed name: _____

Date: _____

APPROVAL BY CONSERVATOR. I am the conservator of _____. I have read and understand the nature and effect of this agreement. I approve the use of this agreement by _____ (name of principal) to obtain support in making decisions.

Signature: _____

Printed name: _____

Date: _____