

## About Supported Decision-Making Agreements

A supported decision making agreement (SDMA) is a process initiated by a person with a disability (the focus person) to assist that person with making decisions in one or several key areas of life. The agreement is recorded as a written document. This process ensures the individual's choices are protected but is also mindful of areas of vulnerability. Supported decision-making agreements are tools to strengthen existing relationships and involve others. The existence of this agreement at the very least creates a moral authority and if enough people begin to use them could nudge into the area of legal authority as has happened with living wills. It can also be useful in cases of petitioning for partial guardianship.

### Key Components

- Initiated by the person with a disability (called “focus person” by FIF in this document)
- Based on that person's experiences, interests, preferences, and values
- Identifies the individual's communication style
- Is meant to help an individual make a decision or choice, not make it for them
- Documents in writing for others what the decision(s) and preferences are

### Three Areas that can be covered by (separate) SDMA's

- Financial/Business
- Health/Medical- if a Healthcare Power of Attorney exists, the SDMA Advisor would logically be the same person (Emergency, and non-emergency)
- Daily living or Personal

## What Is The Process?

### **Identify:**

- The Advisors – people playing an advisory role, may be Lifetime Connections personal network members
- Each Advisor's area of responsibility among the three possible areas of agreement
- Who speaks on behalf of the Advisor if s/he is unavailable
- A process by which disagreements will be handled

### **Draft an agreement:**

- The Advisor and focus person can communicate about the content of the agreement and record it on the form.
- The focus person has a responsibility to express their understanding of the agreement and what kind of help they will be receiving from their Advisor because of the agreement.
- The focus person retains the right to retract the agreement at any time
- The focus person has the responsibility to communicate to the Advisor about any concerns that arise in their life that are areas covered by the Agreement

### **Recommended by FIFNC, appoint a monitor to:**

- Ensure the SDMA is working effectively
- Provide a double layer of prevention against abuse and exploitation
- Provide support and assurance to the focus person
- Act as a contact for the focus person and/or the Advisor(s)

## Supported Decision Making Agreement

This is the Supported Decision-Making Agreement of:

First and Last Name of Focus Person

I understand that this agreement takes effect as soon as it is signed myself and my Advisor(s).

It will be reviewed each year with my Advisor(s) on or before the anniversary of the date signed and may be revised by me then or at other times if I wish.

Today's date is MM/DD/YYYY and my preferred way to communicate is:

Click here to enter text

### **1. Purpose of the Agreement:**

The reasons I (Focus Person) want to have an Advisor (Assistant) help me with some decisions are because I:

Examples: need help with spending decisions, have trouble getting people to understand me.

### **2. My Advisor(s):**

You must name at least one person who will be your Advisor. You can name more than one if you wish.

Advisor #1: First and Last Name of Advisor #1.

Advisor #2 (optional): First and Last Name of Advisor #2.

### **3. Alternate Advisor (Optional)**

If my Advisors above are unable or unavailable to help me, I want the following person to help me as my Advisor:

**Alternate Advisor:** First and Last Name of Alternate Advisor.

**4. Areas in which I want my Advisor(s) to help me:**

I would like my Advisor(s) to help me make decisions in the following areas:

*(Examples: I need help learning about paying bills, not about anything else. I can shop, and I know how to take money from the bank, but I have trouble writing checks and getting it into the envelope with the windows).*

**a) Financial or Money Matters:**

*(Examples: buying things that cost more than \$50; investing money; paying bills; not spending too much, or budgeting; using the bank)*

All (check box) or  JUST THESE AREAS (list below):

[Click here to enter text.](#)

**b) Health:**

*(Examples: whether or not to have surgery or dental work; help with changing pharmacies or selecting pill dispensers; decisions about changing doctors or clinics; replacing my health insurance card).*

All (check box) or  Some (describe areas below)

[Click here to enter text.](#)

**c) Personal:**

*(Examples: where I am going to move if I have to or want to move, transportation to work, help with the voting process, setting up an ABL account; who will help me with personal care if I need it; how to change provider agencies).*

All (check box) or  Some (fill in what areas)

**5. Areas where I DO NOT want my Advisor(s) to help me (if any):**

There are no areas in which I DO NOT want my advisor's help (check box)

I DO NOT want my Advisor(s) to help me make decisions about:

Advisor #1:

No help with:

Advisor #2:

No help with:

**6. If I have more than one Advisor, then I want my Advisors to act (choose one):**

Jointly (work together to help me) or

Successively (Advisor #2 helps me only if Advisor #1 is not available)

**7. Supported Decision-Making Agreement Signatures**

(You and your Advisors must sign together at the same time)

Focus Person:

I understand what this agreement is for.

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month/day/year

Signature

Advisor Decision-Maker 1

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month/day/year

Signature

Advisor Decision-Maker 2

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month/day/year

Signature

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Who has a copy of this agreement? List the people here. If you want to end this agreement, be sure to ask these people to give the copies back so you can destroy them. Your Advisors or someone else can help you get the copies back.

People who have Copies are:

[Click here to enter text.](#)