



SUPPORTED DECISION MAKING AGREEMENT

READ THIS: This agreement is a sample of a Supported Decision Making Agreement. Having this sample is not a substitute for seeking legal advice from an attorney. In South Carolina there is no law that specifically says that a Supported Decision Making Agreement can be enforced. There is no law against having a Supported Decision Making Agreement either. If you have questions about your legal rights, please talk with an attorney.

This is the Supported Decision Making Agreement of

Name: _____ Date of birth: _____

Address: _____

Telephone: _____ Email: _____

A. I understand:

- I can talk to an attorney before I sign this agreement.
- This agreement is because I want supporters to help me make decisions.
- My supporter cannot make decisions for me.
- I can end this agreement when I want it to.
- I can change this agreement when I want to.
- I can change my list of supporters when I want to.
- My supporter(s) can quit if they want to.
- If I end this agreement or change this agreement, I must let my supporters know about the change. Anyone with a copy of the agreement needs to get a copy of the change in writing.

B. I need supporter(s) to help me make decisions about:

- Taking care of my financial affairs, like banking (Finances)
- My health care, including big and small health care decisions (Health Care)
- Talking to an attorney if I need one and working with the lawyer (Legal Matters)
- My education, including what classes I will take and what accommodations I will have (Education)
- My employment, including what work I will do and what accommodations I need to do it (Work)
- Where I live, what I do, the services I receive, and who helps me day to day (Life Plan)
- Other matters: _____

C. I expect my supporter(s) to help me in the following ways:

- Giving me information in a way I can understand
- Discussing the good things and bad things (pros and cons) that could happen if I make one decision or another
- Telling other people my wishes
- _____

I express myself and show what I want in the following ways:

- Telling people my likes and dislikes.
- Telling people what I do and do not want to do.
- _____
- _____

D. I designate the following individual(s) to be part of my Supported Decision Making Network to assist me in making decisions.

Network Supporter #1

Name: _____ Date of birth: _____

Address: _____

Telephone: _____ Email: _____

Relationship: _____

I want this supporter to help me with:

Finances

Health care

___ with a form to let this supporter see my private health information
___ without a form to let this supporter see my private health information

Legal Matters

Education

___ with a form to let this supporter see my private education information
___ without a form to let this supporter see my private education information

Work

Life Plan

Other (*please specify*):

Areas I don't want Supporter #1 to assist me with:

Network Supporter #2

Name: _____ Date of birth: _____

Address: _____

Telephone: _____ Email: _____

Relationship: _____

I want this supporter to help me with:

Finances

Health care

___ with a form to let this supporter see my private health information

___ without a form to let this supporter see my private health information

Legal Matters

Education

___ with a form to let this supporter see my private education information

___ without a form to let this supporter see my private education information

Work

Life Plan

Other (*please specify*):

Areas I don't want Supporter #2 to assist me with:

Network Supporter #3

Name: _____ Date of birth: _____

Address: _____

Telephone: _____ Email: _____

Relationship: _____

I want this supporter to help me with:

Finances

Health care

___ with a form to let this supporter see my private health information

___ without a form to let this supporter see my private health information

Legal Matters

Education

___ with a form to let this supporter see my private education information

___ without a form to let this supporter see my private education information

Work

Life Plan

Other (*please specify*):

Areas I don't want Supporter #3 to assist me with:

F. If I have more than one Supporter (Optional, but if you do not fill out this section, your Supporters will act “Successively”.)

My Supporters will act (*choose one*)

Jointly (work together to help me)

OR

Successively (For example: Supporter #2 helps me if Supporter #1 is not available)

Signature

Date

G. Notary Certification

State of South Carolina
County of _____

On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____ proved to me through satisfactory evidence of identification, which were _____, to be the person whose name is signed on the preceding or attached document in my presence.

(seal)

Notary Public Signature

H. Network Supporters' Statements

Network Supporter #1

I _____ consent to act as _____'s supporter. I understand that my job as supporter is to honor and express his/her wishes. My support might include giving him/her information in a way he/she can understand; discussing pros and cons of decisions; and helping him/her communicate his/her choice. I know that I may NOT make decisions for him/her. I agree to support his/her decisions to the best of my ability, honestly, and in good faith.

Signature

Date

Network Supporter #2

I _____ consent to act as _____'s supporter. I understand that my job as supporter is to honor and express his/her wishes. My support might include giving him/her information in a way he/she can understand; discussing pros and cons of decisions; and helping him/her communicate his/her choice. I know that I may NOT make decisions for him/her. I agree to support his/her decisions to the best of my ability, honestly, and in good faith.

Signature

Date

Network Supporter #3

I _____ consent to act as _____'s supporter. I understand that my job as supporter is to honor and express his/her wishes. My support might include giving him/her information in a way he/she can understand; discussing pros and cons of decisions; and helping him/her communicate his/her choice. I know that I may NOT make decisions for him/her. I agree to support his/her decisions to the best of my ability, honestly, and in good faith.

Signature

Date

This document was created by the SC Supported Decision Making Project with funding from the SC Development Disabilities Council.

