**Additional Supporter Supplement**

## Identification of Supporter(s)

The person that helps you is called a supporter. A supporter can be a family member, friend, staff, or professional. It is someone that you know and trust. You must choose the supporter. There can be more than one supporter. If you choose more than one supporter, you need to complete this section for each supporter.

I want this person to be my supporter. They will help me make decisions. I decide the kind of support I get to make my own decisions. My supporter(s) do not make decisions for me.

Supporter’s Name:

c

Date of Birth:

c

Address:

Phone:

c

Email:

c

Relationship to You:

c

I chose this person to be my supporter because:

## Conflict of Interest

If there may be a conflict of interest between you and your supporter there are some rules about what needs to go into your agreement. A conflict of interest is when someone’s own interest may get in the way of giving the best advise and so they may not help you make the right decision. An example is if your friend is your paid job coach and they are helping you decide about whether to leave your job. Even if you want to leave your job, they have a reason to want you to stay at your job (because they get paid to help you keep it). If there is or could be a conflict of interest between myself and my supporter this will be addressed by:

## Identification of Support

You get to pick the areas of your life you get support in and what type of support you want. Some of the different ways a supporter can help you with are:

* Help me get information about a decision I want to make. If I want my supporter to help me get confidential information, I will need to sign a separate form to give them access to that information. Confidential information is private information like medical records.
* Help me understand information and my choices so I can make the best decision for me.
* Help me think about all the choices I have and the pros and cons of my decision.
* Help me understand the effect of my decision.
* Help me make sure I can communicate my decisions for myself to the people who need to know.
* Be part of conversations where I talk to others about my decision
* Provide me the support I need to advocate for my decision myself

A supporter under a supported decision-making agreement cannot:

* Make decisions for you
* Carry out [implement] your decisions
* Act for you or on your behalf

I want support to help me make decisions about (check all that apply) and describe the type of help you want:

 **Health Care** (like large and small health care decisions or whether or not to get a shot or have a surgery)

Topics/tasks for specific help:

How I want help:

 **Education** (like picking my classes and developing my goals)

Topics/tasks for specific help:

How I want help:

 **Housing** (like deciding where I live)

Topics/tasks for specific help:

How I want help:

 **Employment** (like helping me find and keep a job)

Topics/tasks for specific help:

How I want help:

 **Support services and public benefits** (like helping me make decisions about my services, helping me manage the people who work with me, and getting public benefits like Social Security Insurance)

Topics/tasks for specific help:

How I want help:

 **Personal Care** (like clothing choices, personal hygiene, what I eat)

Topics/tasks for specific help:

How I want help:

 **Lifestyle** (like social activities, transportation, and where I live)

Topics/tasks for specific help:

How I want help:

 **Money** (like paying rent and bills, protecting my money, saving my money, and spending my money)

Topics/tasks for specific help:

How I want help:

 **Legal** (like helping me get a lawyer if I need one and working with the lawyer)

Topics/tasks for specific help:

How I want help:

d **Other**

I DO NOT want this supporter to help me with these types of decisions or in this type of way:

## Supporter Consent

I, , am ’s supporter. I am willing to act as ’s supporter. I know and understand what I can and cannot do under this agreement. I will:

c

c

c

* Support his/her/their wants, needs, and choices.
* Honor his/her/their right to make their own decisions
* Avoid conflicts of interests
* Not make decisions for him/her/them.
* Not pressure or coerce him/her/them into a decision.
* Not get information about him/her/them without their consent.
* Not enforce their decision (i.e. effectuate transactions for them)
* Keep records of my actions under this agreement.
* Keep records about how the adult communicates decisions with me.
* Keep these records, and any other information I get through this agreement confidential (private) unless I am allowed to share them.
* Let the adult review these records at any time.

 I have made a good faith effort to determine if the adult has a power of attorney, advanced medical directive, or trust. A good faith effort means doing the what an honest, careful person would do in this situation to try to figure out if the person has a power of attorney, advanced medical directive or trust. Describe effort:

The adult gave me permission to give a copy of this supported decision-making agreement to:

 Health Care Agent under Advanced Medical Directive (Describe how it was delivered):

 Agent under Power of Attorney (Described how it was delivered):

 Trust under a Trust Agreement (Described how it was delivered):

I confirm that:

* I am not a minor.
* The adult does not have a peace order or protective order against me.
* I have not been convicted of financial exploitation under Title 13, Subtitle 6 of the Estates and Trusts Article.
* There is not a civil or criminal order prohibiting contact between me and the adult.

I understand that I can end this agreement and stop being a supporter at any time by providing written or oral notice to:

* The adult
* Any other supporters in this agreement
* Any other people who have this agreement on file

Printed Name:

c

Signature:

c

Today’s Date:

c