

SUPPORTED DECISION-MAKING AGREEMENT

This agreement is governed by California Welfare and Institutions Code sections 21000-21008 (added by Stats. 2022, Ch. 894, Sec. 16 (AB 1663), effective Jan. 1, 2023).

Instructions: Please print. Use a separate form for each Supporter if you have more than one.

The date of this agreement for reference is _____.

PEOPLE WHO ARE MAKING THIS AGREEMENT

DECISION-MAKER (me—the adult with a disability who makes decisions)

My name: _____

My address: _____

My phone number: _____

My email address: _____

SUPPORTER (the adult who helps me make decisions)

Supporter's name: _____

Supporter's address: _____

Supporter's phone number: _____

Supporter's email address: _____

TERMS OF THIS AGREEMENT

MY ROLE: MAKING LIFE DECISIONS

I want to make my own life decisions. I am called the **Decision-Maker**.

SUPPORTER'S ROLE: HELPING ME MAKE LIFE DECISIONS

I want to have someone I trust help me make life decisions. The person who will help me is called my **Supporter**. My Supporter will help me make life decisions, but ***my Supporter is not allowed to make decisions for me.***

To help me make life decisions, my Supporter may

1. Gather information
2. Help me understand information
3. Identify possibilities and alternatives
4. Help me weigh my options
5. Help me understand consequences
6. Communicate my decisions to others
7. Help me carry out my decisions
8. Assist me to ensure my preferences and decisions are honored

DECISIONS I WANT HELP WITH

I want my Supporter to help me with life decisions that I have marked "Yes" below. I do not want my Supporter to help me with life decisions that I have marked "No" below.

Yes No **Personal care**—choices about food, clothing, and personal hygiene; remembering to take medicine

Yes No **Staying Safe**—safe choices around the house, when I am away from home, if I am being treated badly (abused) and need help, and about alcohol and drugs

Yes No **Home, Work, and Friends**—deciding where I live and who I live with, finding a job, choices about my job, what activities I go to, what to do in my free time, finding support services, hiring and firing staff

Yes No **Health**—when to go to a doctor, dentist, counselor, psychologist, or mental health therapist; choices for everyday things like a check-up, obtaining prescription medications, or small injury; choices for major medical care such as big injuries or surgery; medical care in emergencies

Yes No **Education**—schools to attend, courses to take, training, help with studies

Yes No **Partners**—choices about dating, sex, birth control, pregnancy, and marriage

Yes No **Money**—keeping track of my money and making sure no one steals it or takes advantage of me; choosing priorities for spending my money; exploring ideas for making money; paying my bills on time; making big decisions about money such as opening a bank account, signing a lease, or buying something expensive

Other (*write other areas where you want support*)

SPECIAL DIRECTIONS AND OTHER INFORMATION

I can write any other information or special directions here. I can also write more information on a separate piece of paper and attach it to this agreement.

WHEN I CAN TALK TO MY SUPPORTER

I can talk to my Supporter any time my Supporter is available. I will respect my Supporter's time and other commitments and will be careful about the time of day and how often I talk to my Supporter.

MY RIGHT TO ACT INDEPENDENTLY OF AGREEMENT

I have the right to act independently of this agreement.

MY RIGHT TO FILE A REPORT

I have the right to file a report under the Elder Abuse and Dependent Adult Civil Protection Act (Welfare and Institutions Code, Chapter 11 (commencing with section 15600) of Part 3 of Division 9, including, but not limited to, sections 15656 and 15657).

MY RIGHT TO HAVE OTHER ADULTS PARTICIPATE IN MEETINGS AND OTHER COMMUNICATIONS

I am entitled to have present one or more adults, including my Supporter, in any meeting or discussion, or to participate in any written communication, including, but not limited to, individual planning meetings required by state or federal law, service and care planning meetings, discharge planning meetings, meetings with health care providers and individuals who provide residential services or long-term services and supports, and communications with a bank, other financial institution, or financial planner.

I may indicate that I wish to have one or more adults attend a meeting or discussion or participate in any written communication through oral statement, gesture, or any augmentative or alternative communication method that I use.

A third party (someone other than me or my Supporter, such as a government agency, service provider, or bank) may only refuse the presence of one or more adults, including my Supporter, if the third party reasonably believes that there is fraud, coercion, abuse, or other action by the

individuals requested to be included that the third party is required to report pursuant to the Elder Abuse and Dependent Adult Civil Protection Act.

OTHER SUPPORTED OR SUBSTITUTED DECISION-MAKING DOCUMENTS

I have the following other supported or substituted decision-making documents in place:

- A separate Supported Decision-Making Agreement with _____
(*name of other Supporter*).
- Power of Attorney dated _____
- Advance Health Care Directive dated _____
- Representative payee arrangements (Social Security) dated _____
- HIPAA Release (a form that lets my Supporter see my medical records under the Health Insurance Portability and Accountability Act of 1996) dated _____
- Educational Records Release (a form that lets my Supporter see my school information under the Family Education Rights and Privacy Act of 1974) dated _____
- Other (*describe*): _____

A copy of each document checked above is provided with this agreement.

PAYMENT FOR MY SUPPORTER’S SERVICES (*check one box below*)

- My Supporter agrees to serve free of charge.
- I agree to pay my Supporter \$_____ per month no matter how much time my Supporter spends helping me.
- I agree to pay my Supporter \$_____ per hour, not to exceed \$_____ per month.

EFFECTIVE DATES OF THIS AGREEMENT

This agreement is effective immediately and will continue until it is terminated in one of the following ways:

1. By me (orally or in writing)
2. By my Supporter (orally or in writing)
3. By the terms of the agreement
4. By my death
5. My Supporter is no longer eligible to serve (my Supporter no longer meets the requirements of Welf. & Inst. Code, § 21002)

PERIODIC REVIEW AND UPDATING OF THIS AGREEMENT

My Supporter and I should review this agreement every two years and update it as needed. An updated agreement must be signed in the same manner as this agreement.

SIGNATURE OF DECISION-MAKER

Wait to sign this agreement until your Supporter and your witnesses are present OR you are in front of a notary public.

Date

Signature of Decision-Maker

CONSENT AND REQUIREMENTS OF SUPPORTER

I consent to act as Supporter under this agreement and to provide support in the areas listed above. I understand that my job as Supporter is to honor and express the Decision-Maker's wishes. My support might include giving this person information in a way he/she can understand, discussing pros and cons of decisions, and helping this person communicate his/her choices. I know that I may *not* make decisions for this person. I agree to support this person's decisions to the best of my ability, honestly, and in good faith.

I meet the following requirements of Welfare and Institutions Code section 21002(b) and will cease serving as Supporter if I fail to meet the following requirements:

1. The adult with a disability has not, to my knowledge, previously made, and is not making, an allegation against me under the Elder Abuse and Dependent Adult Civil Protection Act.
2. The adult with a disability has not, to my knowledge, obtained, and is not obtaining, an order of protection from abuse against me.
3. I am not the subject of a civil or criminal order prohibiting contact with the adult with a disability, and I am not subject to a restraining order with respect to the adult with a disability.
4. I have not been removed as the conservator of the adult with a disability based upon a finding that I did not act in the conservatee's best interest.
5. I have not been found criminally, civilly, or administratively liable for abuse, neglect, mistreatment, coercion, or fraud.

I understand that I am required to do, and I agree to do, all of the following under Welfare and Institutions Code section 21002(c):

1. Support and implement the direction, will, and preferences of the adult with a disability.
2. Respect the values, beliefs, and preferences of the adult with a disability.
3. Act honestly, diligently, and in good faith.

4. Act within the scope identified by the adult with a disability.
5. Maintain confidentiality of any information obtained by a supporter, unless the adult with a disability specifically authorizes its disclosure.

I understand and agree with the following under Welfare and Institutions Code section 21000(d):

1. I will not coerce an adult with a disability.
2. Unless I have a valid legal authorization to do so and the action is within the scope of my authority, I will not do either of the following:
 - (a) Make decisions for, or on behalf of, the adult with a disability.
 - (b) Sign documents on behalf of the adult with a disability.
3. I will not obtain information not reasonably related to matters with which the adult with a disability has requested assistance, and I will not use or disclose information for any purpose other than supporting the adult with a disability.
4. I will not participate in any life decision in which I have a conflict of interest. This includes, but is not limited to, any decision in which I have a financial or other tangible stake in the outcome.

SIGNATURE OF SUPPORTER

Wait to sign this agreement until the Decision-Maker and witnesses are present OR you are in front of a notary public.

Date

Signature of Supporter

The signatures of the Decision-Maker and the Supporter must be witnessed by either (a) two witnesses who are at least 18 years of age and are not interested in the subject of this agreement or (b) a notary public.

Use this page for two witnesses to sign, OR use the next page for a notary public to sign.

SIGNATURES OF WITNESSES

Each of the undersigned witnesses declares: (1) I am over 18 years of age, (2) I do not have any personal, financial, or other interest in this Supported Decision-Making Agreement, and (3) this agreement was signed in my presence and in the presence of the other witness, by both the person identified as the Decision-Maker and the person identified as the Supporter, on the date stated below.

Date

Signature of Witness #1

Printed Name of Witness #1

Signature of Witness #2

Printed Name of Witness #2

SIGNATURE OF NOTARY PUBLIC

A NOTARY PUBLIC OR OTHER OFFICER COMPLETING THIS CERTIFICATE VERIFIES ONLY THE IDENTITY OF THE INDIVIDUAL WHO SIGNED THE DOCUMENT TO WHICH THIS CERTIFICATE IS ATTACHED, AND NOT THE TRUTHFULNESS, ACCURACY, OR VALIDITY OF THAT DOCUMENT.

STATE OF CALIFORNIA)
COUNTY OF VENTURA) ss.

On _____, 20____, before me, _____, a notary public, personally appeared _____ and _____, who proved to me on the basis of satisfactory evidence to be the persons whose names are subscribed to the within instrument, and acknowledged to me that they executed the same in their authorized capacities, and that by their signatures on the instrument the persons, or the entity upon behalf of which the persons acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Notary public