

**Nonotuck Resource Associates and  
Center for Public Representation  
Supported Decision-Making Agreement**

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**This is the Supported Decision-Making Agreement of**

Name : \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

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

- ☐ Taking care of my financial affairs, like banking
- ☐ Hiring a lawyer if I need one and working with the lawyer
- ☐ My health care, including large and small health care decisions
- ☐ Personal care (like where I live, the support services I need, managing the people who work with me, my diet, exercise, education, safety and activities)
- ☐ Other matters: \_\_\_\_\_

**B. 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
- ☐ \_\_\_\_\_

C. 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: \_\_\_\_\_

**Areas of Assistance for Supporter #1:** *Check all that apply:*

☐ Finances ☐ Healthcare ☐ Living Arrangements

☐ Relationships/Social ☐ Employment ☐ Legal Matters

☐ 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: \_\_\_\_\_

**Areas of Assistance for Supporter #2:**      *Check all that apply:*

- ☐ Finances      ☐ Healthcare      ☐ Living Arrangements  
☐ Relationships/Social      ☐ Employment      ☐ Legal Matters  
☐ 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: \_\_\_\_\_

**Areas of Assistance for Supporter #3:**      *Check all that apply:*

- ☐ Finances      ☐ Healthcare      ☐ Living Arrangements  
☐ Relationships/Social      ☐ Employment      ☐ Legal Matters  
☐ Other (please specify):

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

*Use the reverse side of this document to list additional supporters.*

- E. 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*)

- OR
- ☐ Jointly (work together to help me)
- ☐ Successively (For example: Supporter #2 helps me if Supporter #1 is not available)

- F. I understand I can contact the Supported Decision-Making Project at any time to end this agreement or to add, replace or remove a network supporter.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

G. Notary Certification

Commonwealth of Massachusetts, 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

The Supported Decision-Making Project can be reached at 413-586-6024.

## H. Network Supporters' Statements

### Network Supporter #1

I understand that as \_\_\_\_\_'s supporter, my job is to honor and present his/her expressed wishes. In the event I cannot perform my job under this agreement, I will contact the Supported Decision-Making Coordinator.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Network Supporter #2

I understand that as \_\_\_\_\_'s supporter, my job is to honor and present his/her expressed wishes. In the event I cannot perform my job under this agreement, I will contact the Supported Decision-Making Coordinator.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Network Supporter #3

I understand that as \_\_\_\_\_'s supporter, my job is to honor and present his/her expressed wishes. In the event I cannot perform my job under this agreement, I will contact the Supported Decision-Making Coordinator.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date