



Supported Decision-Making Agreement

Under the Supported Decision-Making Act:

A **Supporter** is an adult who has entered into an agreement with a Principal.

A **Principal** is an adult with ID/DD who seeks to enter or has entered into an agreement with a Supporter.

Important Information for the Supporter: Duties

If you agree to provide support to the Principal, you have a duty to:

- 1) act in good faith;
- 2) act within the authority granted in this agreement;
- 3) act loyally and without self-interest; and
- 4) avoid conflicts of interest.

Appointment of a Supporter

I, _____ (insert Principal's name), make this agreement of my own free will. I agree and designate that the following individual as my Supporter:

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

My Supporter is to help me make decisions for myself and may help with making everyday life decisions relating to the following (items initialed by Principal):

- _____ Obtaining food, clothing, and shelter.
- _____ Taking care of my physical and emotional health.
- _____ Managing my financial affairs.
- _____ Applying for public benefits.
- _____ Helping me find work.
- _____ Assisting with residential services.
- _____ Helping me with school.
- _____ Helping me advocate for myself.
- _____ Other, describe: _____

My Supporter is not allowed to make decisions for me. To help me with my decisions, my Supporter may:

- 1) help me access, collect, or obtain information that is relevant to a decision, including medical, psychological, financial, educational, housing and treatment records;
- 2) help me understand my options so that I can make an informed decision; and
- 3) help me communicate my decision to appropriate persons.

I want my Supporter to have (only items initialed by principal)

- _____ A release allowing my supporter to see protected health information under the Health Insurance Portability and Accountability Act of 1996, and/or confidential information under the Mental Health and Developmental Disabilities Confidentiality Act, and/or to see substance abuse records under Confidentiality of Alcohol and Drug Abuse Patient Records regulations is attached.

- _____ A release allowing my supporter to see educational records under the Family Educational Rights and Privacy Act of 1974 and the Illinois School Records Act is attached.

This supported decision-making agreement is effective immediately and will continue until _____(insert date) or until the agreement is terminated by my supporter or me or by operation of law.

Signed this _____ day of _____, 20_____

(Signature of Principal)

(Printed Name of Principal)

Consent of Supporter

I, _____(name of supporter), consent to act as a supporter under this agreement.

(Signature of Supporter)

(Printed Name of Supporter)

(Witness 1 Signature)

(Printed Name of Witness 1)

(Witness 2 Signature)

(Printed Name of Witness 2)

WARNING: PROTECTION FOR THE ADULT WITH A DISABILITY

IF A PERSON WHO RECEIVES A COPY OF THIS AGREEMENT OR IS AWARE OF THE EXISTENCE OF THIS AGREEMENT HAS CAUSE TO BELIEVE THAT THE ADULT WITH A DISABILITY IS BEING ABUSED, NEGLECTED, OR EXPLOITED BY THE SUPPORTER, THE PERSON SHALL REPORT THE ALLEGED ABUSE, NEGLECT, OR EXPLOITATION TO THE ADULT PROTECTIVE SERVICES HOTLINE:

1-866-800-1409 OR 1-888-206-1327 (TTY)

This form is not intended to exclude other forms or agreements that identify the principal, supporter, and types of support.

GAC/07-21