***When do I want support?*** Everyone needs support with making some decisions, not just people with disabilities. Some people ask for help from a doctor when they are sick or before taking medicine. Some people ask a mechanic before buying a new car, or ask a friend before moving into a new apartment. When you get help from others with making decisions this is called Supported Decision-Making.

You can use this form to help you fill out the ***Commonwealth of Virginia’s Supported Decision-Making Agreement***. Place a check (✓) in box next to each sentence to say if you can do this on your own, if you can do it with support, or if you need someone else to do the task for you. You do not have to place a check in each area.

If you check “I can do this with support” think about who you might ask to support you, as well as what kind of support you want or need. You can also use the attached *Relationship Map* and/or *What Kind of Support Do I Want?* tools to help answer these questions.

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|  | **I can do this on my own.** | **I can do this with support.** | **I need someone else to do this for me.** |
| **Health and Personal Care** | | | |
| Get my health care information. |  |  |  |
| Choose when to go to the doctor. |  |  |  |
| Make and keep my doctor and dentist appointments. |  |  |  |
| Understand and make medical choices in serious situations (for example, surgery, big injuries, mental or behavioral health crisis). |  |  |  |
| Understand and make medical choices in an emergency. |  |  |  |
|  | **I can do this on my own.** | **I can do this with support.** | **I need someone else to do this for me.** |
| **Health and Personal Care- continued** | | | |
| Understand and make medical choices in everyday situations (for example, check-up, getting medicine from the drug store). |  |  |  |
| Understand my medications, help remind me about my medications, and assist me in getting and taking my medications. |  |  |  |
| Understand personal hygiene, help remind me about my personal hygiene, and help me with my personal hygiene. |  |  |  |
| Choose what to wear and help me get dressed, if needed. |  |  |  |
| Decide where, when, and what to eat. |  |  |  |
| Make choices about drinking alcohol and using drugs. |  |  |  |
| Tell people what I want and what I don’t want regarding my health and personal care. |  |  |  |
| Tell people how I make choices about my health and personal care. |  |  |  |
| Make sure people understand what I am saying about my health and personal care. |  |  |  |

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|  | **I can do this on my own.** | **I can do this with support.** | **I need someone else to do this for me.** |
| **Friends and Partners** | | | |
| Understand and choose if I want to date and who I want to date. |  |  |  |
| Understand and make choices about birth control and pregnancy, and access medical care, if needed. |  |  |  |
| Make choices about sex. |  |  |  |
| Make choices about marriage. |  |  |  |
| Choose who to spend time with. |  |  |  |
| Tell people what I want and what I don’t want regarding my friends and partners. |  |  |  |
| Tell people how I make choices about my friends and partners. |  |  |  |
| Make sure people understand what I am saying about my choices and decisions regarding my friends and partners. |  |  |  |

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|  | **I can do this on my own.** | **I can do this with support.** | **I need someone else to do this for me.** |
| **Money** | | | |
| Get information about my finances. |  |  |  |
| Make big decisions about money (for example, opening a bank account, signing a lease). |  |  |  |
| Fill out financial forms and documents. |  |  |  |
| Keep a budget so I know how much money I can spend. |  |  |  |
| Pay rent and bills on time. |  |  |  |
| Make sure no one is taking my money or using it for themselves. |  |  |  |
| Tell people what I want and what I don’t want regarding my money. |  |  |  |
| Make sure people understand what I am saying about my choices and decisions regarding my money. |  |  |  |

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|  | **I can do this on my own.** | **I can do this with support.** | **I need someone else to do this for me.** |
| **Where I Live and Community Living** | | | |
| Get and look at information about places where I have lived. |  |  |  |
| Decide where to live. |  |  |  |
| Decide who to live with. |  |  |  |
| Understand chores, remind me to do chores, and help me do chores. |  |  |  |
| Understand any leases I am thinking about, and help me understand any rules of my home and community. |  |  |  |
| Make safe choices around the house (for example, turning off the stove, practicing for fire alarms). |  |  |  |
| Make decisions about what to do and where to go in my free time. |  |  |  |
| Make decisions about transportation, and help me use transportation. |  |  |  |
| Understand, find, hire, and fire support staff and services. |  |  |  |
| Make decisions about traveling to places I go often (for example, getting to stores, work, friends’ homes). |  |  |  |
|  | **I can do this on my own.** | **I can do this with support.** | **I need someone else to do this for me.** |
| **Where I Live and Community Living- continued** | | | |
| Make decisions about traveling to places I do not go often (for example, special events, vacations). |  |  |  |
| Tell people what I want and what I don’t want regarding where I live and what I do in my community. |  |  |  |
| Tell people how I make choices about where I live and what I do in my community. |  |  |  |
| Make sure people understand what I am saying about my choices and decisions regarding where I live and what I do in my community. |  |  |  |
| **School and Education** | | | |
| Get and look at my education information and records. |  |  |  |
| Make decisions about whether to go to school, and where to go. |  |  |  |
| Make decisions about special education and accommodations. |  |  |  |
| Attend education meetings, including IEP meetings and school conferences. |  |  |  |
| Make decisions about school activities and events. |  |  |  |
|  | **I can do this on my own.** | **I can do this with support.** | **I need someone else to do this for me.** |
| **School and Education- continued** | | | |
| Tell people what I want and what I don’t want regarding my education. |  |  |  |
| Tell people how I make choices about my education. |  |  |  |
| Make sure people understand what I am saying my education. |  |  |  |
| **Working** | | | |
| Choose if I want to work. |  |  |  |
| Understand my work choices and apply for jobs. |  |  |  |
| Understand how working will affect my benefits (Social Security, Medicaid, etc.). |  |  |  |
| Understand the benefits I can have at work (vacation time, sick leave, time off, etc.). |  |  |  |
| Request benefits at work (vacation time, sick leave, time off, etc.). |  |  |  |
| Make decisions about transitional services (services as I transition out of high school). |  |  |  |
|  | **I can do this on my own.** | **I can do this with support.** | **I need someone else to do this for me.** |
| **Working- continued** | | | |
| Explore and make decisions about internships, apprenticeships, and/or mentoring. |  |  |  |
| Make decisions about whether I need to take more classes or training to get a job I want, and help taking these classes. |  |  |  |
| Make decisions about supported employment or other supports and services I need in order to work. |  |  |  |
| Attend meetings with my employment supporters, including Vocational Rehabilitation or other employment agencies. |  |  |  |
| Make decisions about career preparation and placement. |  |  |  |
| Request accommodations for my work. |  |  |  |
| Get to and from work every day. |  |  |  |
| Talk to my employer. |  |  |  |
| Tell people what I want and what I don’t want regarding my work and work related supports. |  |  |  |
| Tell people how I make choices about my work and work related supports. |  |  |  |
|  | **I can do this on my own.** | **I can do this with support.** | **I need someone else to do this for me.** |
| **Working- continued** | | | |
| Make sure people understand what I am saying about my work and work related supports. |  |  |  |
| **My Rights and Safety** | | | |
| Understand my rights as a voter and register to vote. |  |  |  |
| Understand my choices when voting at elections. |  |  |  |
| Cast my ballot when voting. |  |  |  |
| Understand and sign contracts and formal agreements. |  |  |  |
| Understand and get help if I am being treated badly (abuse, neglect, exploitation, undue influence, manipulation). |  |  |  |
| Communicate to others and make sure people understand what I am saying in regards to my rights and issues of safety (what I want and do not want when I’m upset or in crisis, what to do when interacting with emergency services). |  |  |  |
| **Meeting and Talking with My Supporters** | | | |
| Contact my Supporters to set up meetings. |  |  |  |
| Talk with my Supporters when I am upset or have a problem with them. |  |  |  |

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|  | **I can do this on my own.** | **I can do this with support.** | **I need someone else to do this for me.** |
| **Meeting and Talking with My Supporters- continued** | | | |
| Keep my Supporters updated on how I am doing. |  |  |  |
| Keep my Supporters updated on what I am doing. |  |  |  |
| Communicate to my Supporters to make sure they understand what I am saying. |  |  |  |
| **Other Choices or Activities** | | | |
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