

I Get By With a Little Help from My Friends: Supported Decision-Making

Guardianship is when a judge decides if a person with a disability should not make their own choices. If a judge decides you need a guardian, someone else will make choices *for* you.

Under guardianship, you can lose your rights to:

- Drive
- Choose where you live
- Choose where you work
- Vote
- Get married
- Make medical decisions
- And more.



- yes
- no
- maybe

The Arc of Texas thinks most people with intellectual and developmental disabilities (IDD) do not need a guardian. People with IDD can be supported in many ways to make their own decisions without taking away their rights.

All people need help to make important decisions. If you need help to make decisions, your rights should not be taken away. Using a supported decision-making agreement, you choose someone you trust to help you make decisions. Your helper, or supporter, can be someone like your parents or a good friend.

With a supported decision-making agreement...

...your supporter **CAN** help you:

- Understand your choices and decisions.
- Get and understand information to help you make your decisions.
- Tell your decisions to other people.

...your supporter **CANNOT** make a decision **FOR** you.

With supported decision-making, you make your own choices with help.

This lets you be more independent.

So, how does this work? Follow the steps below!

1. Choose people you trust to help you make decisions.
2. Ask them to be your supporter(s). (You can change your mind and say you don't want this person to support you whenever you want.)
3. Think about what decisions you need help making.
4. Create a written plan (see sample below) called a supported decision-making agreement.
5. When you need to make a decision and want help, call your supporter(s) to help you.
6. Take the agreement and your supporter(s) with you to the doctor, to school, when looking at places to live, and more!



For more information, call us at **1-800-252-9729** or visit the websites below.

The Arc of Texas

<http://bit.ly/1NuTCYE>

National Resource Center for Supported Decision-Making

<http://supporteddecisionmaking.org/>

Texas Guardianship Reform and Supported Decision Making

www.grsdm.org

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You and your supporter can use the form below
to decide how she or he will help you to make decisions.

Texas Statutory Supported Decision-Making Agreement

NOTICE: This document is explained in the Supported Decision-Making Act, Subtitle I, Title 3, Estates Code. If you have any questions about this Supported Decision-making Agreement obtain competent legal advice. You may revoke this supported decision-making agreement later if you wish to do so.

I, _____ (your name), choose to make this agreement myself. I decided to make this agreement myself and no one told me to make this agreement.

I choose _____ (name) to be my Supporter.

Supporter Address: _____

Phone Number: _____

E-mail Address: _____

My supporter may help me with life decisions about:

Yes ___ No ___ what I eat, what I wear, and where I live

Yes ___ No ___ taking care of my health

Yes ___ No ___ spending my money

My supporter does not make decisions for me. My supporter may:

1. Help me get information for medical, psychological, financial, or educational decisions;
2. Help me understand my choices so I can make the best decision for me; or
3. Help me tell my decision to the right people.

Yes ___ No ___ My supporter may see my private health information under the Health Insurance Portability and Accountability Act of 1996. A release will be provided.

Yes ___ No ___ My supporter may see my educational records under the Family Educational Rights and Privacy Act of 1974 (20 U.S.C. Section 1232g). A release will be provided.

This supported decision-making agreement starts when signed and will continue until _____ (date) or until my supporter or I end the agreement or the agreement is ended by law.

Signed this _____ day of _____, _____
Day Month Year

(My Signature)

(My Printed Name)

Consent of Supporter

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

(Signature of Supporter)

(Printed Name of Supporter)

This agreement must be signed in front of two witnesses or a Notary Public.

(Witness 1 Signature)

(Printed Name of Witness 1)

(Witness 2 Signature)

(Printed Name of Witness 2)

OR Notary Public

State of _____

County of _____

This document was acknowledged before me on _____ (date)

By _____ and _____

(Name of Adult with a Disability)

(Name of Supporter)

(Signature of Notary)

(Printed Name of Notary)

(Seal, if any, of notary)

My commission expires: _____

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 Department of Family and Protective Services by calling the Abuse Hotline at 1-800-252-5400 or online at www.txabusehotline.org.

DUTY OF CERTAIN PERSONS WITH RESPECT TO AGREEMENT

A person who receives the original or a copy of a supported decision-making agreement shall rely on the agreement. A person is not subject to criminal or civil liability and has not engaged in professional misconduct for an act or omission if the act or omission is done in good faith and in reliance on a supported decision-making agreement.