Arizona Department of Economic Security
Division of Developmental Disabilities

# Supported Decision-Making Agreement

This agreement is governed by the Arizona supported decision-making agreement statute section 14-5722, Arizona Revised Statutes. For the purposes of this agreement, “decision-maker” means an adult with a disability who executes an agreement for the purpose of designating an individual to serve as the decision-maker’s supporter when the decision-maker makes certain decisions that are listed in the agreement.

## Purpose of Agreement:

The purpose of the supported decision-making agreement is to support and accommodate a member (decision-maker) to make informed decisions and choices about certain aspects of the member’s daily life.

## Role of Supporter:

To assist a member (decision-maker), a supporter may:

1. Assist the member with getting information to be able to understand available choices.
2. Assist the member in understanding choices so the member can make the best personal decisions.
3. Assist the member in communicating decisions to the right people and organizations.

See page 7 for EOE/ADA disclosures

## Important Information for Supporters About the Limits to this Agreement

A. You may not make a decision for or on behalf of the member.

B. Neither you nor any organization for whom you are employed or serve as a volunteer may receive any financial support, remuneration or compensation, either directly or indirectly, for or related to your services and role as a supporter to the member.

C. When you agree to provide support to an adult under this supported decision-making agreement, you have a duty to and you shall:

- Act in good faith.
- Act with loyalty to the member.
- Act without self-interest.
- Avoid conflicts of interest.
- Stop serving as a supporter at any time that you question the capacity of the member to continue making decisions even with your support.
- Stop serving as a supporter at any time that the supported decision-making agreement is revoked by the member or you, or the agreement ends as a matter of law.
- Respect the member’s relationships with friends and family members and not attempt to isolate or alienate the member from those friends and family members.

## Appointment of Supporter

I, _____,
*(name of adult, (the "decision-maker"))*, am of sound mind and enter into this agreement voluntarily.

My disabilities are *(describe briefly)*:

I choose _____
to be my supporter.

Supporter's Address:

_____

_____

Supporter's Telephone Number:

_____

Supporter's Email Address:

_____

## Supporter's Role and Limitations on That Role

My supporter may help me with life decisions about each of the following which I have marked with an "X" *(check those that apply)*:

Obtaining food, clothing and a place to live.

___ Yes ___ No

My physical health and health services.

___ Yes ___ No

My mental health and mental health services.

___ Yes ___ No

Managing my money or property.

___ Yes ___ No

Getting an education or other training.

___ Yes ___ No

Choosing and maintaining my services and supports.

___ Yes ___ No

Finding a job.

___ Yes ___ No

Other *(specify)*: _____

___ Yes ___ No

My supporters may see my private health information under the Health Insurance Portability and Accountability Act of 1996 (P.L. 104-191) if I first choose to provide a signed release.

___ Yes ___ No

My supporters may see my educational records under the Family Educational Rights and Privacy Act of 1974 (20 United States Code section 1232g) if I first choose to provide a signed release.

___ Yes ___ No

This agreement is effective when signed and will continue until _____ (date) or until my supporter or I end the agreement or the agreement ends by operation of law, including the appointment of a guardian for me.

## Member (Decision-Maker)'s Signature

Signed this _____ *(day)* of _____ *(month)*, _____ *(year)*

_____

*(Signature of Member/Decision-Maker)*

_____

*(Printed Name of Member/Decision-Maker)*

## Consent of Supporter

I *(name of supporter)*, _____,

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

_____

*(Name of Decision-Maker)*

_____

*(Name of Supporter)*

_____

*(Signature of Notary)*

_____

*(Printed Name of Notary)*

*(Seal, if any, of notary)*

My commission expires: _____

**Warning: Protection for the Decision-Maker with a disability**

If a person who receives a copy of this supported decision-making agreement or who is aware of the existence of this agreement has cause to believe that the decision-maker is being abused, neglected or exploited by the supporter, the person shall report the alleged abuse, neglect or exploitation to the department of economic security's online reporting system by calling the adult protective services, adult abuse hotline or by calling the local police department.