

# Supported Decision-Making

TOOLKIT



Keeping **Individuals with Disabilities** and **Aging Adults** in Charge of Their Lives

# This toolkit gives you important information about supported decision-making (SDM).

Through supported decision-making individuals with disabilities can get help to make their own decisions. It is an alternative to guardianship. Supported decision-making is flexible in how it is applied from individual to individual and even how it is applied to the same individual over time.



## How to use this toolkit

Think of this toolkit as a workbook.

In addition to information and handouts, there are worksheets and forms you can fill out, print, and use.

*This document is also available in Spanish.*

*Este documento también está disponible en español.*

<https://drcnh.org/issue-highlight/supported-decision-making-toolkit-en-espanol/>





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*\*For the purpose of this toolkit, the term “individual” refers to an individual with disabilities and/or an aging adult.*

### **Acknowledgements**

*This toolkit is based in part on resources developed by Disability Rights Maine and the Wisconsin Board for People with Developmental Disabilities and their partners. Many thanks to these organizations for their generosity and support. Thank you also to those who tested this toolkit and offered helpful feedback.*



## Why Choose Supported Decision-Making?

Supported decision-making allows individuals with disabilities the freedom to make their own choices to the best of their abilities. It allows them to stay in control of their life, be more independent, and have better life outcomes. All of these benefits are possible through supported decision-making and without the need for a guardian.




# 10 Things

## You Should Know About Supported Decision-Making

- 1) You keep the legal right to make your own decisions.
- 2) You identify the types of decisions you want help with.
- 3) You choose someone you trust to help you with decisions you want help with. This person is called your Supporter (you can choose more than one Supporter).
- 4) Your Supporter understands your needs and provides you with information in ways that you understand when you need it.
- 5) Your Supporter can help you communicate your decisions if you want help.
- 6) Through a written supportive decision-making agreement, you pick which supporters will help you make which decisions. This agreement legally recognizes your right to make decisions.
- 7) Your Supporter can help you, but the final decision is yours.
- 8) Your Supporter must respect your right to make decisions for yourself.
- 9) You have the right to take risks. You can make a decision that is different than what others want you to make. You can change your mind.
- 10) You can change or end your supported decision-making agreement at any time.

# What's the Difference Between Supported Decision-Making and Guardianship?

Supported decision-making 	Guardianship 
You have the legal right to make your own decisions.	You lose your legal right to make certain decisions for yourself.
You make decisions with the help of people (Supporters) that you trust and choose.	The Guardian makes decisions for you. You are legally identified as their 'ward'.
You choose your Supporter or Supporters.	The court chooses your Guardian for you.
If you disagree with the advice of your Supporter, you don't have to follow it. You make your own decision.	You must do what your Guardian decides even if you disagree with their decision. Only the court can change a Guardian's decision.
You can change or end your supported decision-making agreement at any time.	Only the court can change a Guardianship order.
With the help of your Supporters, you develop the skills to more easily make your own decisions.	Your Guardian is not required to help you gain skills to make decisions yourself.

## *IEP Teams are Required to Discuss Supported Decision-Making*

As students with disabilities approach age 18, their IEP team members often talk to them and their parents about the transition to adulthood. They regularly mention guardianship as a way for parents to retain the right to make decisions for their child after their child turns 18. Now, when IEP teams discuss guardianship, they **must** also discuss supported decision-making so that this less restrictive alternative can be considered.



# Getting Started With Supported Decision-Making

Supported decision-making can help you stay in control of your own life.

## **STEP 1: Start The Conversation**

Talk about your goals and the supports you need to achieve them. Think about what you are good at and how you can build on those abilities.

## **STEP 2: Identify People Who Are Willing and Able To Assist You**

A support person might be someone who knows you well or who can get to know you. A Supporter should be able to understand and communicate with you.

## **STEP 3: Plan and Communicate**

Bring your support team together to plan how you will communicate.

## **STEP 4: Set Up An Agreement**

Supported decision-making agreements are as individual as the people using them. Work with your Supporter to create an agreement. You can use the sample agreement on page 19 of this toolkit.

## **STEP 5: Let Everyone Know**

Once your supported decision-making agreement is signed, share copies with your doctors, banks, schools, and others who are involved. Use a tracking form to keep yourself organized. A tracking form is available on page 23 of this toolkit.

### ***What Does a Supported Decision-Making Agreement Look Like?***

A supported decision-making agreement includes a list of decisions you want assistance in making and identifies a Supporter you want to help you. Since each agreement will be designed to best support the needs of the individual, each agreement will look different. However, the law requires that some specific information is included in a supported decision-making agreement including:

- Names and contact information of both you and your Supporter(s)
- Types of decisions which a Supporter may assist you with
- Your signature, your Supporter's signature, and the signatures of two witnesses or a notary.

There is a sample agreement on pages 19-22 of this toolkit that you can use.

# What Might 'Support' Look Like?

Below are some examples of how a Supporter might work with you so that you are supported and able to make an informed choice. Your Supporter could:

- Use plain language materials and present information to you in multiple ways (video, audio, print).
- Request extra time for you to make a decision. This will allow time for your Supporter to give you additional information and discuss your choices with you.
- Make sure you understand your choices by creating lists of pros and cons.
- Prepare you to communicate your decisions by role playing how you will inform others of your choices.
- Go with you to important appointments to take notes and help you remember and discuss your options.
- Set up and help monitor payment tools such as auto-payments or bill management notification apps.

## What Kinds of Support Do I Need?

In the empty box below make a note about what kind of supports have worked well for you in the past and what supports you would like to have in the future. You can use this information when filling out the next worksheet (page 9).



# When Do I Want Support and What Kind of Support Do I Want?

This worksheet can help you decide what kind of decisions you would like support with, and what kind of support you would like.

- It will help you:
- Identify the kinds of things you can do alone
  - Identify the kinds of decisions you need some support with
  - Identify what kind of support you might need

Check the boxes to say if you need support in the topic listed. If you check the 'I need some support' box, write a note about what kind of support you might want. You can use this information when filling out the worksheet on page 15 which will help you brainstorm who you might ask to be a Supporter.

	I can do this alone	I need some support	What kind of support do I need? *(If you made notes in the box on page 9, you can use those to help)
<b>Money Management</b>			
Paying the rent and bills on time (for example, cell phone, electricity, internet)			
Keeping a budget so I know how much money I can spend			
Making big decisions about money (for example, opening a bank account, signing a lease)			
Making sure no one is taking my money or using it for themselves			
<b>Healthcare</b>			
Choosing when to go to the doctor or the dentist			
Making medical choices in everyday situations (for example, check-up, medicine from the drug store)			

*(Healthcare continued on next page)*

*(Healthcare continued)*

	I can do this alone	I need some support	What kind of support do I need?
Making medical choices in serious situations (for example, surgery, big injury)			
Making medical choices in an emergency			
Understanding how healthcare costs are covered (for example, Medicaid, private insurance, etc.)			
Making choices about birth control or pregnancy			
Remembering to take medicine			
Making decisions about maintaining a healthy lifestyle			
<b>Education</b>			
What classes I will take			
What support do I need at school			
Deciding what college to attend or what to do after high school			
Telling people what I want and don't want			
Telling people how I make choices			
Making sure people understand what I am saying			

	I can do this alone	I need some support	What kind of support do I need?
<b>Employment</b>			
Choosing if I want to work			
Understanding my work choices			
Choosing classes or training I need to get a job I want, and taking these classes			
Applying for a job			
Going to my job every work day			
Knowing what support I need at work and how to request it			
Understanding the employee handbook or work policies			
<b>Relationships</b>			
Making choices about sex			
Choosing if I want to date, and who I want to date			
Making choices about marriage			
<b>Community Living</b>			
Choosing where I live			
Choosing who I live with			

*(Community Living continued on next page)*

*(Community Living continued)*

	I can do this alone	I need some support	What kind of support do I need?
Choosing what to do and who to see in my free time			
Set up a cleaning schedule			
Finding support services			
Hiring and firing support staff			
Traveling to places I go often (for example, getting to work, stores, friends' homes)			
Traveling to places I do not go often (for example, doctor's appointments, special events)			
Making a plan to take care of my personal hygiene (for example, showering, bathing, brushing teeth)			
Meal planning and budgeting for grocery shopping			
<b>Legal Matters</b>			
Talking to an attorney if I need one			
Help understanding legal documents			
Help understanding my rights			
Signing important papers like contracts and formal agreements			

	I can do this alone	I need some support	What kind of support do I need?
<b>Personal Safety</b>			
Planning for emergencies			
Making safe choices around the house (for example, turning off the stove, having fire alarms)			
Making safe choices in the community			
Understanding and getting help if I am being treated badly (abused, neglected, or exploited)			
<b>Other</b>			
Choosing who to vote for and voting			
Making choices about alcohol and drugs			
Choosing when and where I want to vacation.			

# Choosing Your Supporter

After you know what types of decisions you would like help with, think about people in your life who you would like to work with when making these decisions. These people are called “Supporters”.

You get to choose who your Supporters are and how many Supporters you have.

Who Can I Choose  
To Be My Supporter?



## The Role of The Supporter

A Supporter is available to help when you need it. You choose who you would like to support you and you determine when and for what reason you would like assistance.

### A Supporter Can:

- Help you read and/or understand your options
- With your permission, access information needed to help you make a decision
- Attend meetings and assist you in asking questions
- Help communicate your decisions and preferences to others

When someone becomes your Supporter, they agree to act in accordance with NH's supported decision-making law (RSA 464-D). More information about the role and responsibilities of a Supporter can be found at <http://bit.ly/3RzmtmZ>.



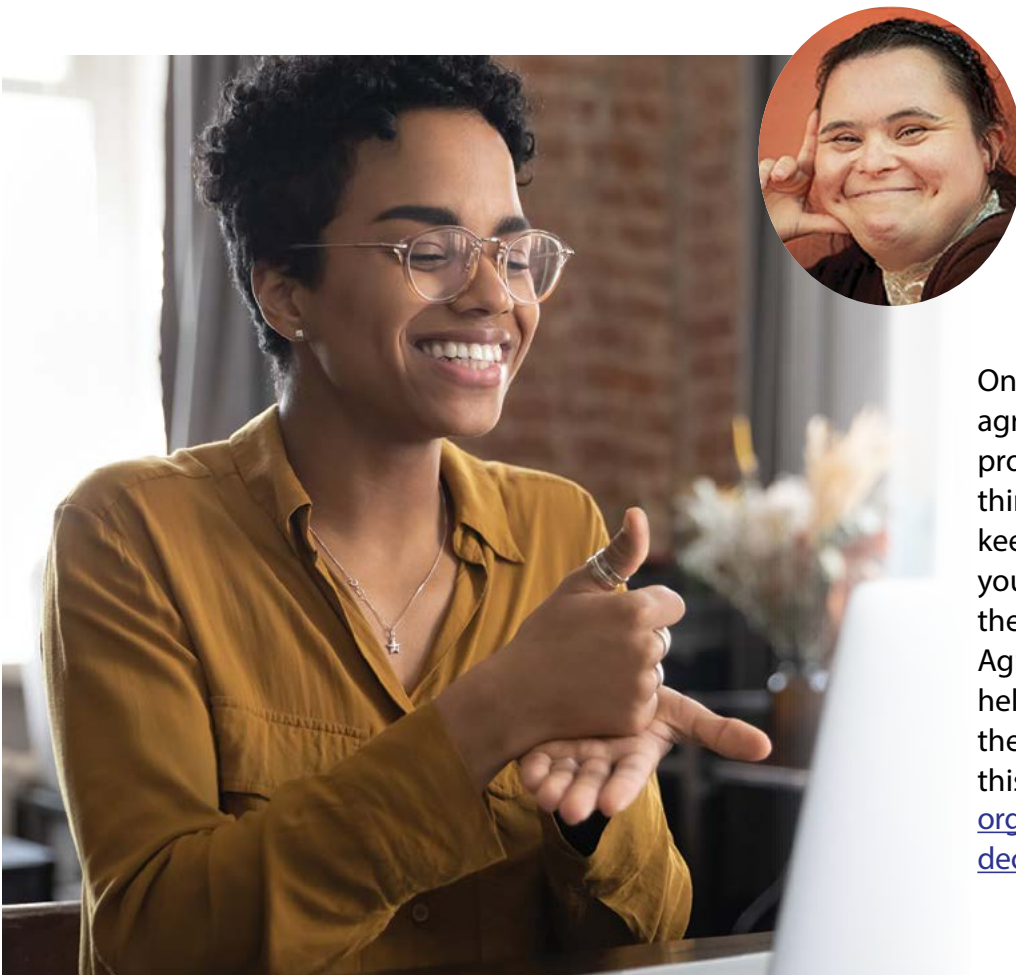
# Asking Your Supporters

Once you choose someone to assist you, you have to ask them if they are willing to be your Supporter.

It is important that they understand what you want support with. They have to be willing and able to offer you the help you need if they are going to be your Supporter. They can say no. To help them decide, you can:

- Tell them what you would like support with
- Talk with them about how you would like them to support you
- Show them a sample supported decision-making agreement and other information about supported decision-making (see page 19 for a sample agreement)

If they agree to be your Supporter, you are ready to create your supported decision-making agreement. You can find a sample agreement on page 19 of this toolkit and at <https://drcnh.org/issue-highlight/supported-decision-making-agreement-form/>.



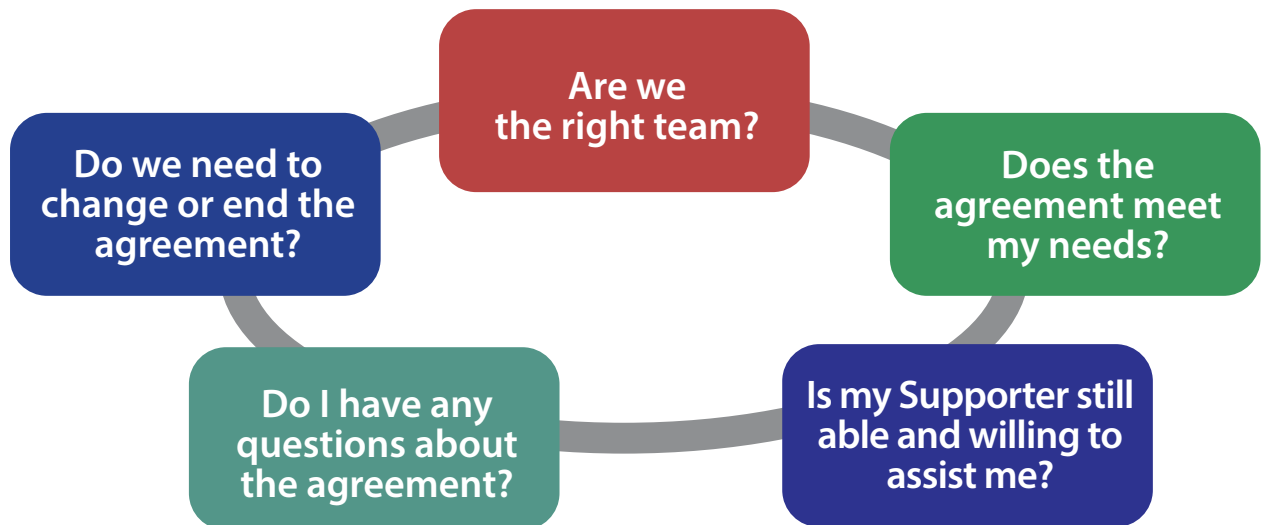
Once you have created your agreement, you can share it with providers and others who you think need to see it. You should keep track of who you have shared your agreement with. You can use the 'Supported Decision-Making Agreement Tracking Form' to help you do this. You can find the tracking form on page 23 of this toolkit and at <https://drcnh.org/issue-highlight/supported-decision-making-toolkit/>.



# Keep Your Supported Decision-Making Agreement Up-to-date

Sometimes things can change in your life or in your Supporter's life.

You should look over your supported decision-making agreement every few months and ask:



When asking 'Are we the right team?' think about the following:

- Does your Supporter understand your needs?
- Is your Supporter assisting you in the ways that you want?
- Do you need more support or less support than you are getting?
- Are you and your Supporter working well together or do you fight or disagree a lot?
  - If you disagree, are you still able to work well together?
  - If things aren't working for you, you can choose a different supporter or end the supported decision-making agreement.

# Supported Decision-Making Agreements

## How To Fill Out An Agreement

1. Name and contact information of your Supporter

**SUPPORTERS**  
Supporter #1

I agree that \_\_\_\_\_

Name \_\_\_\_\_  
will be my supporter. Their contact information is:

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

My supporter may help me with making everyday life decisions relating to the following:.

Obtaining food, clothing, and shelter  Yes  No

Taking care of my physical health  Yes  No

Taking care of my mental health  Yes  No

Managing my financial affairs  Yes  No

Applying for and managing public benefits  Yes  No

My education  Yes  No

Applying for and managing employment  Yes  No

The following are other decisions that I have specifically identified that I would like assistance with: \_\_\_\_\_

2. Define what you want your Supporter to help you with

3. Define how you want your Supporter to help you

- To help me with my decisions, my supporter(s) may do the following things (check all that apply):
- Help me access, collect, or obtain information that is relevant to a decision, including medical, psychological, educational, or treatment records;
  - Help me gather and complete appropriate authorizations and releases;
  - Help me understand my options so I can make an informed decision; and
  - Help me communicate my decision to appropriate persons.

4. Date you want agreement to end

Effective Date of Supported Decision-Making Agreement.

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.

The date of this agreement is \_\_\_\_\_.

### CONSENT OF SUPPORTER(S)

**Supporter #1**  
I, \_\_\_\_\_ (Name of Supporter), consent to act as a supporter under this agreement, and acknowledge my responsibilities under RSA 464-D.  
Signature of Supporter \_\_\_\_\_  
Printed name of Supporter \_\_\_\_\_  
My relationship to the principal is: \_\_\_\_\_.

**Supporter #2**  
I, \_\_\_\_\_ (Name of Supporter), consent to act as a supporter under this agreement, and acknowledge my responsibilities under RSA 464-D.  
Signature of Supporter \_\_\_\_\_  
Printed name of Supporter \_\_\_\_\_  
My relationship to the principal is: \_\_\_\_\_.

**Consent of Monitor**  
I, \_\_\_\_\_ (Name of Monitor), consent to act as a monitor under this agreement, and acknowledge my responsibilities under RSA 464-D.  
Signature of Monitor \_\_\_\_\_  
Printed name of Monitor \_\_\_\_\_  
My relationship to the principal is: \_\_\_\_\_.

**Consent of the Principal**  
Wait until a notary or 2 witnesses are there to watch you sign.  
My Signature \_\_\_\_\_  
My printed name \_\_\_\_\_

**Witnesses or Notary**

Signature \_\_\_\_\_ Printed name \_\_\_\_\_

Signature \_\_\_\_\_ Printed name \_\_\_\_\_

5. Print your name, sign your name and date it

6. Signatures



The Supported Decision-Making Agreement Form is available from the Disability Rights Center-NH <https://drcnh.org/issue-highlight/supported-decision-making-agreement-form/> or on pages 19-22 of this document.

**A SAMPLE**

# Supported Decision-Making Agreement

This agreement must be communicated to all parties to the agreement in the presence of either a notary or 2 witnesses. The form of communication must be appropriate to the needs and preferences of the person with a disability. Reading the agreement out loud or using a sign language interpreter may be necessary.

My name is \_\_\_\_\_.

I want to have people I trust help me make decisions. The people who will help me are called supporters. My supporters are not allowed to make the decisions for me. I will make my own choices, with their support. I am called the principal.

This agreement can be changed at any time. I can change it by crossing out words and writing my initials next to the change. I can also end this agreement at any time by:

- Providing written notice to all Supports or
- Verbally expressing my intent to terminate the agreement while in the presence of 2 adult witnesses.

Signature of Principal \_\_\_\_\_

I am making this supported decision-making agreement because I want people to help me make choices. I know that I do not have to make this agreement. I know that I can change this agreement at any time.

My printed name: \_\_\_\_\_

My address: \_\_\_\_\_

My phone number: \_\_\_\_\_

My email address: \_\_\_\_\_

Today's date: \_\_\_\_\_

A supported decision-making agreement may be in any form as long as it meets requirements set forth in NH RSA 464 -D. This sample form meets those requirements.

## SUPPORTERS

### Supporter #1

I agree that

Name \_\_\_\_\_

will be my supporter. Their contact information is:

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

My supporter may help me with making everyday life decisions relating to the following:.

Obtaining food, clothing, and shelter	Yes	No
--	-----	----

Taking care of my physical health	Yes	No
-----------------------------------	-----	----

Taking care of my mental health	Yes	No
---------------------------------	-----	----

Managing my financial affairs	Yes	No
-------------------------------	-----	----

Applying for and managing public benefits	Yes	No
--	-----	----

My education	Yes	No
--------------	-----	----

Applying for and managing employment	Yes	No
---	-----	----

The following are other decisions that I have specifically identified that I would like assistance with:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I do not have to have more than one supporter.

### Supporter #2

I choose to have

Name \_\_\_\_\_

also be my supporter.

Their contact information is:

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

My supporter may help me with making everyday life decisions relating to the following:.

Obtaining food, clothing, and shelter	Yes	No
--	-----	----

Taking care of my physical health	Yes	No
-----------------------------------	-----	----

Taking care of my mental health	Yes	No
---------------------------------	-----	----

Managing my financial affairs	Yes	No
-------------------------------	-----	----

Applying for and managing public benefits	Yes	No
--	-----	----

My education	Yes	No
--------------	-----	----

Applying for and managing employment	Yes	No
---	-----	----

The following are other decisions that I have specifically identified that I would like assistance with:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

To help me with my decisions, my supporter(s) may do the following things (check all that apply):

Help me access, collect, or obtain information that is relevant to a decision, including medical, psychological, educational, or treatment records;

Help me gather and complete appropriate authorizations and releases;.

Help me understand my options so I can make an informed decision; and

Help me communicate my decision to appropriate persons.

## **MONITOR FOR FINANCIAL MATTERS**

If I want someone to help me make choices about money, I may also choose someone to make sure my supporters are being honest and using good judgment in helping me with my money. This person is called a monitor. A monitor cannot also be a supporter.

I agree that *(Name)* \_\_\_\_\_ will be my monitor.

Their contact information is:

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

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Effective Date of Supported Decision-Making Agreement.

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.

The date of this agreement is \_\_\_\_\_ .

## CONSENT OF SUPPORTER(S)

### Supporter #1

I, \_\_\_\_\_ (Name of Supporter), consent to act as a supporter under this agreement, and acknowledge my responsibilities under RSA 464-D.

Signature of Supporter \_\_\_\_\_

Printed name of Supporter \_\_\_\_\_

My relationship to the principal is: \_\_\_\_\_.

### Supporter #2

I, \_\_\_\_\_ (Name of Supporter), consent to act as a supporter under this agreement, and acknowledge my responsibilities under RSA 464-D.

Signature of Supporter \_\_\_\_\_

Printed name of Supporter \_\_\_\_\_

My relationship to the principal is: \_\_\_\_\_.

### Consent of Monitor

I, \_\_\_\_\_ (Name of Monitor), consent to act as a monitor under this agreement, and acknowledge my responsibilities under RSA 464-D.

Signature of Monitor \_\_\_\_\_

Printed name of Monitor \_\_\_\_\_

My relationship to the principal is: \_\_\_\_\_.

### Consent of the Principal

Wait until a notary or 2 witnesses are there to watch you sign.

My Signature \_\_\_\_\_.

My printed name \_\_\_\_\_.

### Witnesses or Notary

Signature \_\_\_\_\_ Signature \_\_\_\_\_

Printed name \_\_\_\_\_ Printed name \_\_\_\_\_

Source. 2021, 206:2, Pt. VI, Sec. 15, eff. Oct. 9, 2021.

# Supported Decision-Making Agreement Tracking Form

This form can be used to help you keep track of who has a copy of your supported decision-making agreement. It is important to give the same people/organizations an updated agreement if you make changes to your agreement (Example: If you choose a different Supporter).

I have entered into a supported decision-making agreement with:	I have shared the supported decision-making agreement with the following people/organizations:
[NAME of Supporter]	
Example: Joe Smith	Example: Dr. O'Maly, Dartmouth Hospital, and ABC Managed Care Organization
Example: Rhonda Collins	Example: Summit Credit Union, Social Security Administration

# Supported Decision-Making Handouts

Some people haven't heard about supported decision-making or don't understand how it works.

The next three pages are handouts that you can pull out of this toolkit and give to people if you find that they need help understanding supported decision-making.

These handouts are also available on-line at <https://drcnh.org/issue-highlight/supported-decision-making-toolkit/>.

There are three handouts. Each handout describes how supported decision-making can be used in a different place or situation:

- 1) **Healthcare: What I Want My Healthcare Provider to Know About Supported Decision-Making**
- 2) **School: What I Want My School to Know About Supported Decision-Making**
- 3) **Other Situations: What I Want You to Know About My Supported Decision-Making Agreement**

**What I Want My Healthcare Provider to Know About Supported Decision-Making**

Let me tell you what I want. I want my healthcare provider to know that I am an individual with a disability who needs help with making decisions. I want my healthcare provider to know that I am an individual with a disability who needs help with making decisions. I want my healthcare provider to know that I am an individual with a disability who needs help with making decisions.

**Please remember these things when interacting with me:**

- Talk directly to me, not my Supporter.
- I can make my own decisions. Sometimes, I need help.
- I make my own decisions when I am feeling well and when I am sick.
- I am allowed to bring my Supporter with me (including into the exam room).
- Use language and explain things in a way that I can understand.
- Check to make sure that I understand what you are saying. Ask me if I have any questions.
- With my permission, my Supporter can help me understand what you are saying.
- With my permission, my Supporter can speak directly to you. My Supporter may ask you questions to help me understand my options.
- Give me time to think about what you are saying. Speak with my Supporter and make my own decision.
- When an appointment is cancelled, I may take me longer to make decisions. Ask me how I might react when I am upset, worried or confused, and what might calm me.
- Give me important information in writing. Make sure it is written in a way that I can understand.
- My Supporter may help me tell you what my decision is. The decision is mine.
- Please respect my decision.

**Privacy and Confidentiality**  
As part of my supported decision-making agreement, I may allow my Supporter to access to my confidential health care information. I can also sign a release form to share this information.

1-800-834-1721 | [www.drcnh.org](http://www.drcnh.org)  
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**What I Want My School to Know About Supported Decision-Making**

Let me tell you what I want. I want my school to know that I am an individual with a disability who needs help with making decisions. I want my school to know that I am an individual with a disability who needs help with making decisions. I want my school to know that I am an individual with a disability who needs help with making decisions.

**Please remember these things when interacting with me:**

- I can make my own decisions. Sometimes, I need help.
- Assist me to make my own decisions so that I can practice independent decision-making and understand the consequences of my decisions. This will help me to prepare to transition to adulthood.
- Explain the Individual Education Program (IEP) process to me and the role of transition planning.
- Assist me in finding my strengths, needs, and necessary accommodations.
- Support me to develop effective strategies to communicate as my preferences and choices are known.
- Encourage me to think critically about my decisions.
- Provide me with information so that I can make informed decisions.
- Offer me opportunities to learn about important decisions like where to live, what services to access, career choices, medical care, and financial management.
- Use language and explain things in a way that I can understand.
- Check to make sure that I understand what you are saying.
- Ask me if I have any questions.
- Give me important information in writing. Make sure it is written in a way that I can understand.
- Give me time to think about what you are saying.

1-800-834-1721 | [www.drcnh.org](http://www.drcnh.org)  
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**What I Want You to Know About My Supported Decision-Making Agreement**

Let me tell you what I want. I want you to know that I am an individual with a disability who needs help with making decisions. I want you to know that I am an individual with a disability who needs help with making decisions. I want you to know that I am an individual with a disability who needs help with making decisions.

**Please remember these things when interacting with me:**

- Get to know me.
- I can make my own decisions. Sometimes, I need help.
- Sometimes my Supporter will come to my appointment with me. Please talk to me, not to my Supporter.
- Sometimes my service provider will bring me to my appointment.
- My Provider is someone from an agency that provides me services for my disability.
- Please talk to me, not my service provider. They don't make decisions for me.
- Explain things in a way that I can understand.
- Check to make sure that I understand what you are saying. Ask me if I have any questions.
- Give me important information in writing. Make sure it is written in a way that I can understand.
- Give me time to think about what you are saying.
- When I am upset, worried, or confused, I may take me longer to make decisions.
- Ask me how I might react when I am upset, worried or confused, and what might calm me.
- Ask me if I would like to talk with my Supporter and give me time to talk to them. If I want to.
- My Supporter may ask questions to help me understand my options.
- My Supporter may help me tell you what my decision is. The decision is mine.
- Please respect my decision.

1-800-834-1721 | [www.drcnh.org](http://www.drcnh.org)  
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# What I Want My Healthcare Provider to Know About Supported Decision-Making

NH law ([NH RSA 464-D](#)) formally recognizes supported decision-making (SDM) as an alternative to guardianship for adults with disabilities who seek assistance in making life decisions but who choose to retain all their legal rights.

Supported decision-making can be used in health care and medical treatment decisions. A person using supported decision-making for their healthcare-related decisions will choose people (Supporters) they trust to help them understand, make, and communicate their decisions. The Supporter may assist but the individual with disabilities makes their own healthcare decisions.

## Please remember these things when interacting with me:

- Talk directly to me, not my Supporters.
- I can make my own decisions. Sometimes, I need help.
- I make my own decisions when I am feeling well and when I am sick.
- I am allowed to bring my Supporter with me (including into the exam room).
- Use language and explain things in a way that I can understand.
- Check to make sure that I understand what you are saying. Ask me if I have any questions.
- With my permission, my Supporter can help me understand what you are saying.
- With my permission, my Supporter can speak directly to you. My Supporter may ask you questions to help me understand my options.
- Give me time to think about what you are saying, speak with my Supporter, and make my own decision.
- When I am upset, worried, or confused, it may take me longer to make decisions.  
Ask me how I might react when I am upset worried or confused, and what might calm me.
- Give me important information in writing. Make sure it is written in a way that I can understand.
- My Supporter may help me tell you what my decision is. The decision is mine.
- Please respect my decision.

### *Privacy and Confidentiality*

As part of my supported decision-making agreement, I may allow my Supporter to access to my confidential healthcare information. I can also sign a release form to share this information.



# What I Want My School to Know About Supported Decision-Making

NH law (NH RSA 464-D) formally recognizes supported decision-making (SDM) as an alternative to guardianship for adults with disabilities including transition-aged students who seek assistance in making life decisions but who retain all their legal rights.

A person using supported decision-making identifies what types of decisions they want help with and chooses people (Supporters) they trust to help them understand, make, and communicate those decisions.

Under the law (NH RSA 186-C:3-c), IEP teams that are discussing guardianship must also discuss supported decision-making so that this less restrictive alternative can be considered.

## Please remember these things when interacting with me:

- I can make my own decisions. Sometimes, I need help.
- Assist me to make IEP goals so that I can practice independent decision-making and understand the consequences of my decisions. This will help me to prepare to transition to adulthood.
- Explain the Individual Education Program (IEP) process to me and the role of transition planning.
- Assist me in listing my strengths, needs, and necessary accommodations.
- Support me to develop effective strategies to communicate so my preferences and choices are known.
- Encourage me to think critically about my decisions.
- Provide me with information so that I can make informed decisions.
- Offer me opportunities to learn about important decisions like where to live, what services to access, career choices, medical care, and financial management.
- Use language and explain things in a way that I can understand.
- Check to make sure that I understand what you are saying.
- Ask me if I have any questions.
- Give me important information in writing. Make sure it is written in a way that I can understand.
- Give me time to think about what you are saying.



# What I Want You to Know About My Supported Decision-Making Agreement

NH law (RSA 464-D) formally recognizes supported decision-making (SDM) as an alternative to guardianship for adults with disabilities who seek assistance in making life decisions but who choose to retain all their legal rights.

A person using supported decision-making identifies what types of decisions they want help with and chooses people (Supporters) they trust to help them understand, make, and communicate those decisions.

## Please remember these things when interacting with me:

- Get to know me.
- I can make my own decisions. Sometimes, I need help.
- Sometimes my Supporter will come to my appointment with me. Please talk to me, not to my Supporter.
- Sometimes my service provider will bring me to my appointment.
  - My Provider is someone from an agency that provides me services for my disability.
  - Please talk to me, not my service provider. They don't make decisions for me.
- Explain things in a way that I can understand.
- Check to make sure that I understand what you are saying. Ask me if I have any questions.
- Give me important information in writing. Make sure it is written in a way that I can understand.
- Give me time to think about what you are saying.
- When I am upset, worried, or confused, it may take me longer to make decisions.
  - Ask me how I might react when I am upset worried or confused, and what might calm me.
- Ask me if I would like to talk with my Supporter and give me time to talk to them, if I want to.
- My Supporter may ask questions to help me understand my options.
- My Supporter may help me tell you what my decision is. The decision is mine.
- Please respect my decision.







DRC-NH protects, advances, and strengthens the legal rights and advocacy interests of all people with disabilities. Call us to schedule a free consultation on a disability discrimination issue with an experienced attorney.

### Advocating for the legal rights of people with disabilities in these areas:

- Abuse and Neglect
- Access and Accommodation
- Children’s Issues
- Employment
- Education
- Developmental Disabilities
- Representative Payee
- Voting
- Housing
- Medicaid and Healthcare
- Mental Health
- Traumatic Brain Injury

#### VISION STATEMENT

**We envision an inclusive, accessible, and just society:**

Where all are treated with dignity and respect.

Where people with disabilities live the lives that they choose, lives that are free from abuse, neglect, and discrimination.

Where people with disabilities have equal opportunity to participate fully in their community and enjoy their lives.

### Disability Rights Center - NH

*Protection and Advocacy System for New Hampshire*

64 North Main Street, Suite 2  
3<sup>rd</sup> Floor, Concord, NH 03301-4913

**MISSION:** Disability Rights Center – New Hampshire protects, advances, and strengthens the legal rights and advocacy interests of all people with disabilities.

**twitter.com/DRCNH**

**facebook.com/DisabilityRightsCenterNH**

**WEBSITE:** [www.drcnh.org](http://www.drcnh.org)

**EMAIL:** [mail@drcnh.org](mailto:mail@drcnh.org)

**VOICE AND TDD:** ..... (603) 228-0432  
1-800-834-1721

**FAX:**..... (603) 225-2077

TDD access also through NH Relay Service

**VOICE AND TDD:** ..... 1-800-735-2964

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This brochure is not meant to be legal advice. For specific legal advice an attorney should be consulted.