

Supported Decision-Making Agreements

How To Fill Out An Agreement

1. Name and contact information of your Supporter

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

3. Define how you want your Supporter to help you

4. Date you want agreement to end

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: _____

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 _____

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.

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 _____.

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.