

**Commonwealth of Virginia:
Supported Decision-Making Agreement**

This agreement should be read out loud or otherwise communicated in a way that is accessible and understandable to all parties. The form of communication should be appropriate to the needs and preferences of the person with a disability. A *Supported Decision-Making Facilitator* may be assigned to oversee this agreement, but is not required. Additionally, a notary may sign the agreement, but it is not required.

I, _____, am the creator of this Supported Decision-Making Agreement which is all about me, and that makes me the “*Decision Maker*”. I made this agreement with my choices and have selected people that I trust to be my “*Supporters*”.

The people I select as my *Supporters* are the people who have agreed to help me understand and make choices.

My *Supporters* **DO NOT** make decisions for me. They give me information, advice, and other support so that **I CAN make decisions for myself.**

This agreement can be changed at any time. I can change it by crossing out words and writing my initials next to the changes, or I can change it by writing new information onto the form and writing my initials next to what I add. I will keep track of anything I add by filling out and signing the “*Changes*” page attached to this agreement. I will also write the names of any *Supporters* that I no longer want to support me on the “*Cancellation*” page attached to this agreement and sign it.

If I decide that I no longer want to have a Supported Decision-Making Agreement, I can fill out the *Cancellation of Supported Decision-Making Agreement* section at the bottom of the “*Agreements*” page attached to this document.

Name of Decision Maker: _____

Preferred Method of Contact (e.g. email address, phone number, how to contact you):

Initial Effective Date of Agreement: _____

In addition to this Supported Decision-Making Agreement, I have the following forms of support:

- | | |
|-------------------------------|--|
| ___ Durable Power of Attorney | ___ Documents Attached/ ___ Documents NOT Attached |
| ___ Advance Medical Directive | ___ Documents Attached/ ___ Documents NOT Attached |
| ___ Financial Fiduciary | ___ Documents Attached/ ___ Documents NOT Attached |
| ___ HIPAA Release Form | ___ Documents Attached/ ___ Documents NOT Attached |
| ___ Educational Release Form | ___ Documents Attached/ ___ Documents NOT Attached |
| ___ Other: _____ | ___ Documents Attached/ ___ Documents NOT Attached |
- (e.g. DBHDS Authorized Representative, Health Passport, Person Centered 1 Page Health Profile)

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1. Health and Personal Care

I DO ___ / DO NOT ___ want help with health and personal care decisions. Here is a list of people I want to help me:

First and Last Name	Relationship	Home Address	Email	Phone Number

**If more than 3 Supporters, multiple Supporters can be typed in each row.*

These supporters may do these things:

Write **Y** for “yes” or **N** for “no” to say if your *Supporters* can or cannot help with each option.

___ Get and look at my health care information, including seeing my private health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). A release is signed and attached to this agreement.

___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me choose when to go to the doctor.

___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me make and keep my doctor and dentist appointments.

___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me understand and make medical choices in serious situations (for example, surgery, big injuries, mental or behavioral health crisis).

___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me understand and make medical choices in an emergency.

___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me understand and make medical choices in everyday situations (for example, check-up, getting medicine from the drug store).

___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me understand my medications, help remind me about my medications, and assist me in getting and taking my medications.

___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me understand personal hygiene, help remind me about my personal hygiene, and help me with my personal hygiene.

___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me choose what to wear and help me get dressed, if needed.

___ All Supporters/ ___ Only Supporters Listed Here: _____

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___ Help me decide where, when, and what to eat.
___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me make choices about drinking alcohol and using drugs.
___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me tell people what I want and what I don't want regarding my health and personal care.
___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me tell people how I make choices about my health and personal care.
___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Make sure people understand what I am saying about my health and personal care.
___ All Supporters/ ___ Only Supporters Listed Here: _____

To help with my health and personal care these supporters may also do these things:

(Examples: Attend medical appointments with me, talk directly to my doctors, help others understand what helps me calm down when I'm upset)

These supporters MAY NOT do these things to help me with my health and personal care:

(Examples: May not talk directly to doctors, may not attend medical appointments)

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2. Friends and Partners

I DO ___ / DO NOT ___ want help with decisions about my friends and partners. Here is a list of people I want to help me:

First and Last Name	Relationship	Home Address	Email	Phone Number

**If more than 3 Supporters, multiple Supporters can be typed in each row.*

These supporters may do these things:

Write **Y** for “yes” or **N** for “no” to say if your *Supporters* can or cannot help with each option.

___ Help me understand and choose if I want to date and who I want to date.
 ___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me understand and make choices about birth control and pregnancy, and access medical care, if needed.
 ___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me make choices about sex.
 ___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me make choices about marriage.
 ___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me choose who to spend time with.
 ___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me tell people what I want and what I don’t want regarding my friends and partners.
 ___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me tell people how I make choices about my friends and partners.
 ___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Make sure people understand what I am saying about my choices and decisions regarding my friends and partners.
 ___ All Supporters/ ___ Only Supporters Listed Here: _____

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To help me with my friends and partners these supporters may also do these things:

(Examples: Help me find groups/places where I could meet new friends/partners, talk directly to my friends and partners)

These supporters MAY NOT do these things to help me with my friends and partners:

(Examples: May not talk directly to my friends and partners, may not decide who my friends and partners are, may not contact my friends and partners without my consent)

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3. Money

I DO ___ / DO NOT ___ want help with decisions about money. Here is a list of people I want to help me:

First and Last Name	Relationship	Home Address	Email	Phone Number

**If more than 3 Supporters, multiple Supporters can be typed in each row.*

These supporters can help me in these ways:

Write **Y** for “yes” or **N** for “no” to say if your *Supporters* can or cannot help with each option.

___ Get and look at my financial information, including bank records.
 ___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me get information about my finances.
 ___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me make big decisions about money (for example, opening a bank account, signing a lease).
 ___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me fill out financial forms and documents.
 ___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me keep a budget so I know how much money I can spend.
 ___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me pay rent and bills on time.
 ___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me make sure no one is taking my money or using it for themselves.
 ___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me tell people what I want and what I don’t want regarding my money.
 ___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me tell people how I make choices about my money.
 ___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Make sure people understand what I am saying about my choices and decisions regarding my money.
 ___ All Supporters/ ___ Only Supporters Listed Here: _____

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To help me with my money these supports may also do these things:

(Examples: Help me save money, Help me budget for larger purchase, look at and help me understand my Social Security benefits, help me apply for other benefits)

These supporters MAY NOT do these things to help me with my money:

(Examples: May not tell me how to spend my money, may not spend my money without my consent, may not see my finances without my consent)

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4. Where I Live and Community Living

I DO ___ / DO NOT ___ want help with decisions about where I live and how I live in my community. Here is a list of people I want to help me:

First and Last Name	Relationship	Home Address	Email	Phone Number

**If more than 3 Supporters, multiple Supporters can be typed in each row.*

These supporters can help me in these ways:

Write **Y** for “yes” or **N** for “no” to say if your *Supporters* can or cannot help with each option.

___ Get and look at information about places where I have lived.
 ___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me decide where to live.
 ___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me decide who to live with.
 ___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me understand chores, remind me to do chores, and help me do chores.
 ___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me understand any leases I am thinking about, and help me understand any rules of my home and community.
 ___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me make safe choices around the house (for example, turning off the stove, practicing for fire alarms).
 ___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me make decisions about what to do and where to go in my free time.
 ___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me make decisions about transportation, and help me use transportation.
 ___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me with understanding, finding, hiring, and firing support staff and services.
 ___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me make decisions about traveling to places I go often (for example, getting to stores, work, friends' homes).
 ___ All Supporters/ ___ Only Supporters Listed Here: _____

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___ Help me make decisions about traveling to places I do not go often (for example, special events, vacations).

___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me tell people what I want and what I don't want regarding where I live and what I do in my community.

___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me tell people how I make choices about where I live and what I do in my community.

___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Make sure people understand what I am saying about my choices and decisions regarding where I live and what I do in my community.

___ All Supporters/ ___ Only Supporters Listed Here: _____

To help me with where I live and my community these supporters may also do these things:

(Examples: Help me explore other ways to spend my days, talk directly to my paid supports, talk directly to my roommates)

These supporters MAY NOT do these things to help me with where I live and my community:

(Examples: May not change where I live without my consent, may not decide how I spend my days, may not speak with my paid supports without my consent)

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5. School and Education

I DO ___ / DO NOT ___ want help with decisions about school and education. Here is a list of people I want to help me:

First and Last Name	Relationship	Home Address	Email	Phone Number

**If more than 3 Supporters, multiple Supporters can be typed in each row.*

These supporters can help me in these ways:

Write **Y** for “yes” or **N** for “no” to say if your *Supporters* can or cannot help with each option.

___ Get and look at my education information, including seeing my education records under the Family Educational Rights and Privacy Act of 1974 (FERPA). A release is signed and attached to this agreement.
 ___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me make decisions about whether to go to school, and where to go.
 ___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me make decisions about special education and accommodations.
 ___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Attend education meetings with me, including IEP meetings and school conferences.
 ___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me make decisions about school activities and events.
 ___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me tell people what I want and what I don't want regarding my education.
 ___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me tell people how I make choices about my education.
 ___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Make sure people understand what I am saying my education.
 ___ All Supporters/ ___ Only Supporters Listed Here: _____

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To help me with my school and education these supporters may also do these things:

(Examples: Help me understand my prevocational options, help me communicate my decisions about my prevocational interests to my teachers and school supports)

These supporters MAY NOT do these things to help me with my school and education:

(Examples: May not attend school/IEP meetings, may not decide what supports I receive at school, may not see my grades or school reports)

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6. Working

I DO ___ / DO NOT ___ want help with decisions about working. Here is a list of people I want to help me:

First and Last Name	Relationship	Home Address	Email	Phone Number

**If more than 3 Supporters, multiple Supporters can be typed in each row.*

These supporters can help me in these ways:

Write **Y** for “yes” or **N** for “no” to say if your *Supporters* can or cannot help with each option.

___ Help me choose if I want to work.
 ___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me understand my work choices and apply for jobs.
 ___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me understand how working will affect my benefits (Social Security, Medicaid, etc.).
 ___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me understand the benefits I can have at work (vacation time, sick leave, time off, etc.).
 ___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me request benefits at work (vacation time, sick leave, time off, etc.).
 ___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me make decisions about transitional services (services as I transition out of high school).
 ___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me explore and make decisions about internships, apprenticeships, and/or mentoring.
 ___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me make decisions about whether I need to take more classes or training to get a job I want, and help taking these classes.
 ___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me make decisions about supported employment or other supports and services I need in order to work.
 ___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Attend meetings about my employment with my employment supporters, including Vocational Rehabilitation or other employment agencies.
 ___ All Supporters/ ___ Only Supporters Listed Here: _____

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___ Help me with career preparation and placement.
___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me request accommodations for my work.
___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me get to and from work every day.
___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me talk to my employer.
___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me tell people what I want and what I don't want regarding my work and work related supports.
___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me tell people how I make choices about my work and work related supports.
___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Make sure people understand what I am saying about my work and work related supports.
___ All Supporters/ ___ Only Supporters Listed Here: _____

To help me with my work these supporters may also do these things:

(Examples: Talk to my employment supports, help me understand and decide my work schedule, talk to my employer or supervisor)

These supporters MAY NOT do these things to help me with my work:

(Examples: May not talk to my supervisor or employer without my consent, may not visit me at work, may not talk with my employment supports without my consent, may not dictate my work schedule)

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7. My Rights and Safety

I DO ___ / DO NOT ___ want help with decisions about my rights and safety. Here is a list of people I want to help me:

First and Last Name	Relationship	Home Address	Email	Phone Number

**If more than 3 Supporters, multiple Supporters can be typed in each row.*

These supporters can help me in these ways:

Write **Y** for “yes” or **N** for “no” to say if your *Supporters* can or cannot help with each option.

___ Help me understand my rights as a voter and register to vote.
 ___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me understand my choices when voting at elections.
 ___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me cast my ballot when voting.
 ___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me understand and sign contracts and formal agreements.
 ___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me understand and get help if I am being treated badly (abuse, neglect, exploitation, undue influence, manipulation).
 ___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me communicate to others and make sure people understand what I am communicating 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).
 ___ All Supporters/ ___ Only Supporters Listed Here: _____

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To help me with my rights and safety these supporters may also do these things:

(Examples: Help me understand benefits that I am eligible for, help me apply for additional benefits, may help me find and obtain legal services, may help me access help when I feel unsafe)

These supporters MAY NOT do these things to help me with my rights and safety:

(Examples: May not dictate who I can and cannot talk to, may not decide who I vote for, may not sign contracts for me)

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8. Meeting and Talking with My Supporters

I DO ___ / DO NOT ___ want help coordinating meetings and talking with my Supporters. Here is a list of people I want to help me:

First and Last Name	Relationship	Home Address	Email	Phone Number

**If more than 3 Supporters, multiple Supporters can be typed in each row.*

These supporters can help me in these ways:

Write **Y** for “yes” or **N** for “no” to say if your *Supporters* can or cannot help with each option.

___ Help me contact my Supporters to set up meetings.
 ___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me talk with my Supporters when I am upset or have a problem with them.
 ___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me keep my Supporters updated on how I am doing.
 ___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me keep my Supporters updated on what I am doing.
 ___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me communicate to my Supporters to make sure they understand what I am saying.
 ___ All Supporters/ ___ Only Supporters Listed Here: _____

To help me meet and talk with my Supports these supporters may also do these things:

(Examples: Help me understand what my Supporters are telling me, help me communicate with my Supporters over email, text message, or the phone, Help advocate for me when meeting with my Supporters, Meet with my Supporters without me)

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These supporters MAY NOT do these things to help me meet and talk with my Supporters:

(Examples: May not meet with my Supporters without me, May not talk with my Supporters about me without me present)

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9. Other

I DO ___ / DO NOT ___ want help with other decisions. Here is a list of people I want to help me:

First and Last Name	Relationship	Home Address	Email	Phone Number

**If more than 3 Supporters, multiple Supporters can be typed in each row.*

These supporters may also help me in these other ways:

Other: _____

___ All Supporters/ ___ Only Supporters Listed Here: _____

Other: _____

___ All Supporters/ ___ Only Supporters Listed Here: _____

Other: _____

___ All Supporters/ ___ Only Supporters Listed Here: _____

Other: _____

___ All Supporters/ ___ Only Supporters Listed Here: _____

These supporters MAY NOT do these other things to help me:

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Agreements

By my signature below I, the *Decision Maker*, agree to consult and work with my *Supporters* in making decisions and in other matters that I need and to consider (think about) their guidance. This agreement starts when I sign it, and ends when I choose to end it. Any *Supporter* may leave the agreement by telling me in writing. If a *Supporter* leaves the agreement, the rest of the agreement continues.

By my signature below I, the *Supporter*, agree to be available as often as needed to give the *Decision Maker* my best advice and assistance. I agree to support the *Decision Maker* with honesty, good faith, and in their and only their stated best interest, in line with the *Decision Maker's* values, needs, and preferences in order to assist them with making decisions relating to their life. When requested by the *Decision Maker*, I agree to help them plan and arrange for supports and services that will help them live safely and successfully in the community without a legal guardian. As the *Supporter*, I acknowledge that I might know private information about the *Decision Maker* and will respect their confidentiality. I agree not to use my position to abuse, exploit, manipulate, slander or exercise undue influence on the *Decision Maker*. If I am also a paid provider, I will not provide support in areas that would appear as a conflict of interest.

None of the parties to this agreement are required to sign it, and any of us can resign from it with 10 days written notice to the others.

Signature of Decision Maker in This Agreement

Printed Name of Decision Maker in This Agreement

Date Signed: _____

I agree to be a *Supporter* under this agreement:

Signature of Supporter 1

Printed Name of Supporter 1

Date Signed: _____

Signature of Supporter 2

Printed Name of Supporter 2

Date Signed: _____

Signature of Supporter 3

Printed Name of Supporter 3

Date Signed: _____

This page can be printed again if space for more Supporter's signatures is needed.

Cancellation of Supported Decision-Making Agreement

I, _____, am the creator of this agreement, which is all about me, and that makes me the *Decision Maker*. As the *Decision Maker*, I no longer want this Support Decision-Making Agreement. This agreement will no longer be effective as of the date indicated below.

Signature of Decision Maker in This Agreement

Date of Revocation

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Supported Decision-Making Facilitator (Optional):

By my signature below I, the *Facilitator*, agree to assist the *Decision Maker* with coordinating meetings with their *Supporters*, if and when needed. I agree to make reasonable efforts to ensure that the *Supporters* under this agreement are acting honestly, in good faith, and in accordance with the choices of the *Decision Maker*. If I suspect abuse, exploitation, manipulation, neglect, or undue influence on the *Decision Maker* by a *Supporter* I will discuss my concerns with both the *Decision Maker* and the *Supporter*, and follow the *Protocols for Addressing Abuse and Exploitation*. I also agree to help and advise the *Decision Maker*, should they have issues or concerns with any of their *Supporters*. If I am also a *Supporter*, I will take necessary steps to prevent any potential conflict with my role as the *Facilitator*.

None of the parties to this agreement are required to sign it, and any of us can resign from it with 10 days written notice to the others.

Signature of Decision Maker in This Agreement

Printed Name of Decision Maker in This Agreement

Date Signed: _____

Signature of Facilitator

Printed Name of Facilitator

Date Signed: _____

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Notary (Optional):

COMMONWEALTH OF VIRGINIA
COUNTY OF _____

On (date) _____ (name of Decision Maker) _____ appeared and verified their identity, acknowledged this Supported Decision- Making Agreement, and affixed their signature on the agreements page above.

NOTARY _____
Signature

REGISTRATION NUMBER _____

MY COMMISSION EXPIRES _____

SEAL

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Changes

Changes to this Supported Decision-Making Agreement can be made at any time by the Decision Maker to add a new Supporter(s) and/or adjust how Supporters provide support. Use the chart below to track changes to the Supported Decision-Making Agreement. Print this page again if space for more Amendments is needed or fill out a new Supported Decision-Making Agreement.

Change 1:

Date: _____

Change:

Signature of Decision Maker

Signature of Supporter(s) Involved

Signature of Supporter(s) Involved

Change 2:

Date: _____

Change:

Signature of Decision Maker

Signature of Supporter(s) Involved

Signature of Supporter(s) Involved

Change 3:

Date: _____

Change:

Signature of Decision Maker

Signature of Supporter(s) Involved

Signature of Supporter(s) Involved

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Cancellations

The Decision Maker and/or Supporters may cancel their agreement at any time. This cancellation will not affect any decisions made or action taken on the basis of the initial Supported Decision-Making Agreement prior to receiving this notice.

Cancelled Supporter(s) 1:

Date: _____

Name of Cancelled Supporter(s):

Signature of Decision Maker

Cancelled Supporter(s) 2:

Date: _____

Name of Cancelled Supporter(s):

Signature of Decision Maker

Cancelled Supporter(s) 3:

Date: _____

Name of Cancelled Supporter(s):

Signature of Decision Maker

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