

**Supported Decision-Making Agreement for Finances**

*This agreement must be read out loud or otherwise communicated to all parties to the agreement in the presence of a notary. The form of communication shall be appropriate to the needs and preferences of the person with a disability.*

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

I want to have people I trust help me make decisions about my money. The people who will help me are called **supporters**. I can say what kind of help my supporters will give me. If I want supporters to help me make other choices, I will also sign a different agreement, called “Supported Decision-Making Agreement.”

I want my supporters to help me make choices about how I spend and save my money.

**Supporters**

My supporter(s) are:

**Supporter #1**

Name: \_\_\_\_\_

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

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

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

**Supporter #2**

Name: \_\_\_\_\_

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

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

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

**Monitor**

I must 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. The monitor cannot also be a supporter.

My monitor is:

Name: \_\_\_\_\_

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

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

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

**My supporters are not allowed to make choices for me. To help me with my choices, my supporters may:**

- Help me find out more about my choices;
- Help me understand my choices so I can make a good decision for me;
- Help me tell other people about my decision

**This supported decision-making agreement starts right now and will continue until the agreement is stopped by me or my supporters.**

**Signature of adult with a disability**

My signature: \_\_\_\_\_

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

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

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

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

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

**Consent of Supporters**

I, \_\_\_\_\_ consent to act as  
\_\_\_\_\_’s supporter for financial decisions under this agreement. I agree to provide financial records to the supported decision-making monitor (listed below) every month. I understand that my job as a supporter is to honor and present the wishes of the person with a disability. I understand that my support might include giving this person information in a way he/she can understand; discussing pros and cons of decisions; communicating the person’s choice. I know that I may *not* make decisions for this person. I agree to support this person’s decisions to the best of my ability, honestly, and in good faith.

\_\_\_\_\_  
Signature of supporter

\_\_\_\_\_  
Date

ACLU/QUALITY TRUST SAMPLE SUPPORTED DECISION-MAKING AGREEMENT FOR FINANCES

I, \_\_\_\_\_ consent to act as  
\_\_\_\_\_'s supporter for financial decisions under this agreement. I agree to provide financial records to the supported decision-making monitor (listed below) every month. I understand that my job as a supporter is to honor and present the wishes of the person with a disability. I understand that my support might include giving this person information in a way he/she can understand; discussing pros and cons of decisions; communicating the person's choice. I know that I may *not* make decisions for this person. I agree to support this person's decisions to the best of my ability, honestly, and in good faith.

\_\_\_\_\_  
Signature of supporter

\_\_\_\_\_  
Date

**Consent of Monitor**

**A monitor must be appointed to oversee financial supporters.**

I, \_\_\_\_\_ consent to act as a monitor for financial decisions under this agreement. I agree to review the financial records of the person with a disability when provided by the supporters every month. 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 person with a disability. If I suspect financial abuse, misuse of funds, bad faith, or failure to comply with the decisions of the person with a disability, I will require the supporters to explain their actions. If the supporter fails to provide this information or if I continue to have reason to believe that the supporter is abusing or failing to comply with the wishes of the person with a disability, I will promptly inform Adult Protective Services.

Monitor's signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Signature of Notary**

State of California County of \_\_\_\_\_

On \_\_\_\_\_ (date), before me \_\_\_\_\_  
(name of notary), personally appeared \_\_\_\_\_

\_\_\_\_\_  
(names of all signers), who proved to me on the basis of satisfactory evidence of identification to be the people whose names are signed on this Supported Decision-Making agreement.

The text of this agreement was communicated to the person with a disability in my presence by:

- Reading the full agreement aloud
- Otherwise communicating the agreement to the person with a disability  
(describe communication used): \_\_\_\_\_

Seal of notary:

My commission expires: