**About this document:**

* By using this form, I am asking for help to make my own decision(s), not giving away my right to make decisions for myself. I am the **Decision-Maker**.
* The people who will help me are called my **Supporters**. They are not allowed to make decisions for me.
* I am using this form to identify my Supporters and how I want them to help me.
* I can change this agreement anytime. I might want to add, replace, or remove Supporters or change the way they help me. When I want to make changes to this agreement, I can cross out words and write my initials next to the changes, or I can sign and attach another piece of paper that has the changes on it to this agreement.

**About me:**

My name: My address:

My phone number: My email address:

My preferred way to communicate (words, pictures, in writing, text, phone calls, etc.):

**For my Supporters:**

You *cannot* make decisions for me, but you *can*:

* Help explain my choices and decisions to me in a way I will understand
* Help me get more information so I understand enough to make my decisions
* Help me communicate my decisions to other people

When you sign this form and agree to provide support to me under this agreement, you have a responsibility to:

* Act in good faith
* Act loyally and without self-interest; and
* Avoid conflicts of interest

|  |
| --- |
| On the next page(s), I will name my supporters and describe how I want them to help me. |

**MY SUPPORTERS**

# ADD SUPPORTER

Name: Address:

Phone: Email:      

**I want this person to help me with these kinds of decisions:**

|  |  |
| --- | --- |
| **Check as many boxes as you want, then describe how you want this person to help.** | |
| Health |  |
| Home |  |
| Legal Matters |  |
| Money |  |
| Relationships |  |
| Safety |  |
| Technology |  |
| Work/Career |  |
| Other (please explain) |  |

# ADD SUPPORTER

Name: Address:

Phone:       Email:      

**I want this person to help me with these kinds of decisions:**

|  |  |
| --- | --- |
| **Check as many boxes as you want, then describe how you want this person to help.** | |
| Health |  |
| Home |  |
| Legal Matters |  |
| Money |  |
| Relationships |  |
| Safety |  |
| Technology |  |
| Work/Career |  |
| Other (please explain) |  |

# ADD SUPPORTER

Name:       Address:

Phone:       Email:      

**I want this person to help me with these kinds of decisions:**

|  |  |
| --- | --- |
| **Check as many boxes as you want, then describe how you want this person to help.** | |
| Health |  |
| Home |  |
| Legal Matters |  |
| Money |  |
| Relationships |  |
| Safety |  |
| Technology |  |
| Work/Career |  |
| Other (please explain) |  |

# ADD SUPPORTER

Name:       Address:

Phone:       Email:      

**I want this person to help me with these kinds of decisions:**

|  |  |
| --- | --- |
| **Check as many boxes as you want, then describe how you want this person to help.** | |
| Health |  |
| Home |  |
| Legal Matters |  |
| Money |  |
| Relationships |  |
| Safety |  |
| Technology |  |
| Work/Career |  |
| Other (please explain) |  |

It is my right to make my own decisions, or to ask for help if I need it. I am signing this agreement because I want people to help me make decisions. I know that I do not have to sign this agreement. I know that I can change or end this agreement at any time.

My Printed Name:       My Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Today’s Date:

**Consent from Supporters**

(By signing below, you agree to provide support as described in this agreement.)

# ADD SUPPORTER’S CONSENT

Supporter’s Printed Name:       Supporter’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Today’s Date:

# ADD SUPPORTER’S CONSENT

Supporter’s Printed Name:       Supporter’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Today’s Date:

# ADD SUPPORTER’S CONSENT

Supporter’s Printed Name:       Supporter’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Today’s Date:

# ADD SUPPORTER’S CONSENT

Supporter’s Printed Name:       Supporter’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Today’s Date:

**To make this agreement official, have it signed by two witnesses or by a Notary Public**

Witness 1 Printed Name:       Witness 1 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Today’s Date:

Witness 2 Printed Name:       Witness 2 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Today’s Date:      

OR

State of Ohio

County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The foregoing instrument was acknowledged before me on this \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of person acknowledged).

(Notary Seal) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Notary Public