

SUPPORTED DECISION-MAKING AGREEMENT



775-325-6731

**Second Judicial District Court
1 S. Sierra Street
Reno, NV 89501**

Supported Decision-Making Act NRS 162C

THIS PACKET CONTAINS:

Information:

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How do you end a Supported Decision-Making Agreement?

Where can you get more information about Supported Decision Making?

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When Do You Want Support? Worksheet

Supported Decision-Making Agreements: Information Sheet for Supporters

Forms:

Supported Decision-Making Agreement

Notice of Termination of Supported Decision-Making Agreement

Sharing My Medical Information Sheet (HIPAA Authorization)

Sharing My School Information Sheet (FERPA Authorization)

Washoe County School District
Supported Decision Making Form and Frequently Asked Questions

HOW DO YOU MAKE A SUPPORTED DECISION-MAKING AGREEMENT?

① choose

Pick the people who will support you. These people will need to agree to support you. They will be your Supporters.

② discuss

Talk with your Supporters about how you want to be supported. You can choose to have support in some areas but not in others. Each Supporter can help you in different ways or in the same way.

③ make a plan

Write down the Supporters that you want to help you and how you want each Supporters to help you. This is the Supported Decision-Making Agreement. If you want them to help you with medical information or school information, you will need to fill out an extra form telling your doctor or school that you want your Supporter to help you.

There are forms in this handbook to do all of this.

④ sign

You and your Supporters will need to sign the Supported Decision-Making Agreement. If you need, you can change the agreement in the future. Everyone should keep a copy of the agreement.

HOW DO YOU END A SUPPORTED DECISION-MAKING AGREEMENT?

① choose

If you decide you no longer want the Supported Decision-Making Agreement, you can end the agreement at any time. If you want it to end right away, you can verbally tell the other person that you want to end the agreement. If you tell them verbally, you will also need to follow step 2. If you want to end the agreement just in writing you can just complete step 2.

② inform

After you decide that you want end the Supported Decision-Making Agreement, you will need to tell everyone whose name is on the agreement. To tell them, you must fill out a form called a Notice of Termination of Supported Decision-Making Agreement. After you have filled out the form you need to hand or mail a copy of that form to everyone whose name is on the agreement.

WHERE CAN YOU GET MORE INFORMATION ABOUT SUPPORTED DECISION-MAKING?

Second Judicial District Court

Supported Decision Making – FAQ
Template Forms
Support for Caregivers
Guardianship Information

www.washoecourts.com

National Resource Center for Supported Decision-Making

Presentations
Research & Resource Library
Nationwide Information
Latest Supported Decision Making News

www.supporteddecisionmaking.org

Washoe County School District

Supported Decision Making – FAQ
Transfer of Educational Rights
Template Forms

www.washoeschools.net/Page/12010

SUPPORTED DECISION-MAKING AGREEMENTS

Information Sheet for Person With a Disability

HOW DO YOU MAKE YOUR CHOICES?

- Talk about it? Who do you talk with?
- Write down your options?
- Write down a list of the good and bad things about each choice?
A pro con list
- Visit places?
- Do research?
- Talk to people who have made the same choice before?

Knowing how you make decisions can help you know what help you'll need from your Supporters.

WHAT IS SUPPORTED DECISION-MAKING?

Supported Decision-Making is a way to get help making choices.

You can choose, family, friends, or staff who you want to help you make your choices. We all use Supported Decision-Making. Many people ask their family and friends before making a big decision, such as where to live. Sometimes people ask an expert to help make complicated decisions, such as talking to a doctor about medical decisions. Talking to an expert can help us understand complicated information, even though the final decision is up to us, not the doctor.

“A Supported Decision-Making Agreement lets others know who will help you ... It gives your Supporter the legal status to be with you and participate in discussions with others...”

WHAT DOES A SDM AGREEMENT DO?

A Supported Decision-Making Agreement lets other know who will help you, with what areas you need support, and what kind of support you would like. It gives your Supporter the legal status to be with you and participate in discussions with others or get information, that you want them to have, about you.

Supported Decision-Making can be as formal or as informal as you would like it to be.

By signing a Supported Decision-Making Agreement, you are not saying you cannot act independently of the agreement or that you are incapacitated in any way. We all make bad decisions sometimes. If this happens, it does not mean you are unfit to make decisions altogether.



HAVE MORE QUESTIONS?

CONTACT US

Second Judicial District Court
75 Court Street & 1 S. Sierra
Reno, NV 89501
775-328-3250
775-325-6731
www.washoecourts.com

CHOOSING SUPPORTERS

Everyone has to agree to do Supported Decision-Making. You have to ask your Supporters if they can help you. They might say no. They can still be your friends and part of your life even if they don't feel like they can be your supporter.

You may want help gathering information, understanding information, or communicating your decisions to others. The possibilities are endless.

WHAT SHOULD YOU TALK TO SOMEONE YOU WANT TO BE YOUR SUPPORTER ABOUT?

Talk about:

- What kind of support or help you want from this person.
- Whether or not this person agrees to be a Supporter.
- How you want to communicate with this person.
- How you want to get support.
- Whether your Supporters can talk to each other when you are not there.

WHAT IF YOU DON'T KNOW WHO TO CHOOSE AS A SUPPORTER?

Sometimes it can be difficult to identify Supporters. Not everyone has a solid network of support in place.

If this is the case, it will be important to think about how to make those relationships and build a network of people who could provide support. Think about ways in which relationships are made. Is there family who might make good Supporters? What about attending community events, seeking out organizations that match people up with mentors, looking for supporters at places of worship or school, or other places where relationships can be made? It can take time to build healthy and trusting relationships, but it can be very worthwhile.

"It can take time to build healthy and trusting relationships, but it can be very worthwhile."

READY TO MAKE YOUR OWN SDM?

A template Supported Decision-Making Agreement is available at the Second Judicial District Court. Visit www.washoecourts.com or the courthouses at 1 S. Sierra St. or 75 Court St. Reno, Nevada. A Support Worksheet is also available to help you determine what sort of decisions you need help with.

When Do You Want Support? Worksheet

This activity will help you think about all the choices you have to make in your life. You can make many choices on your own. But you might need or want support making some kinds of choices, especially difficult or important choices.

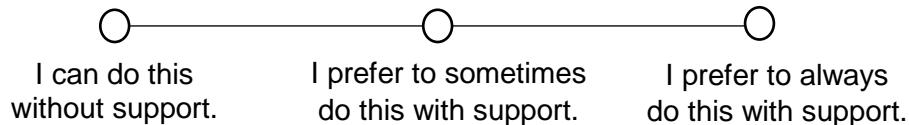
This will help you decide how you want to use Supported Decision-Making.

You do not need to check a box for every category. Some of them might not be important to you. You might want to think more about some of them before you decide.

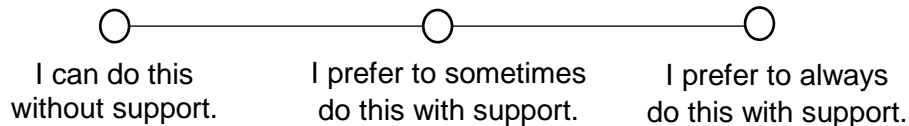
If you want support, you might want to write down the kinds of support that you want.

Health Choices

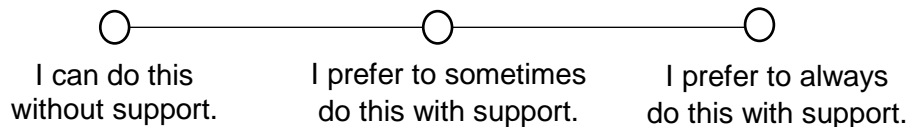
1. Choosing when to go to the doctor or the dentist.



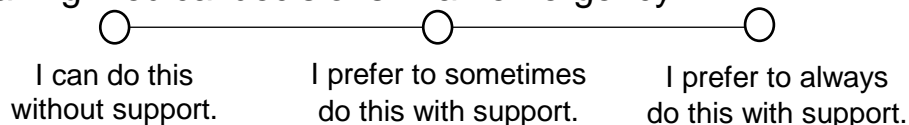
2. Making medical choices in everyday situations. Like check-ups and getting medicine from the drug store.



3. Making medical choices in serious situations. Like surgery or big injuries.

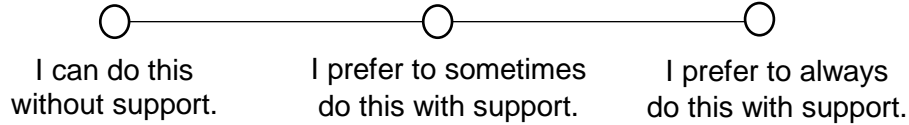


4. Making medical decisions in an emergency.

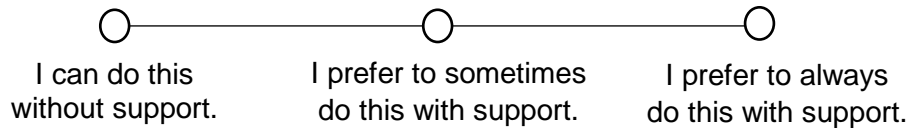


Communication

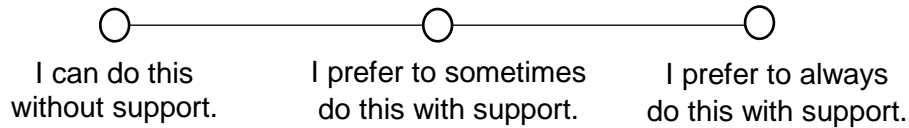
1. Telling people what I want and what I don't want.



2. Telling people how I make choices.

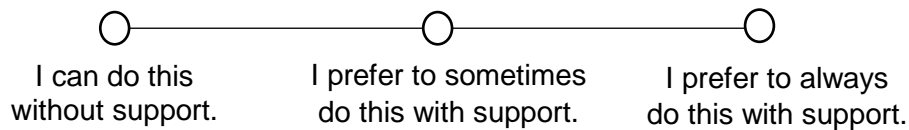


3. Making sure people understand what I am saying.

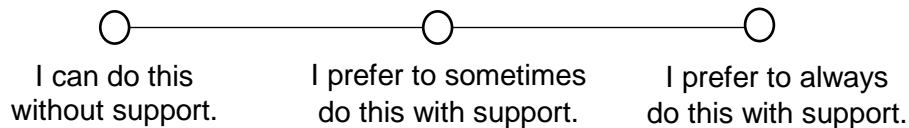


Personal Care

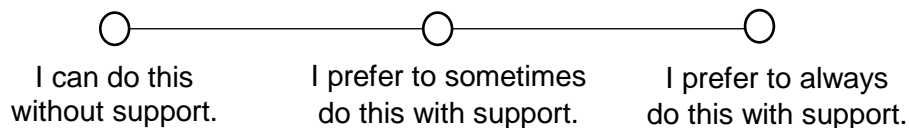
1. Choosing what I wear.



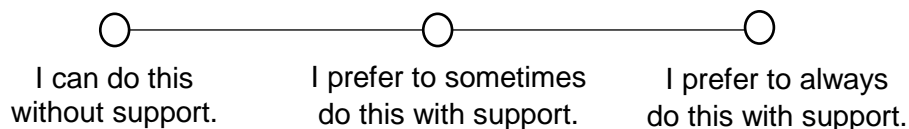
2. Getting dressed.



3. Choosing what to eat and when to eat.

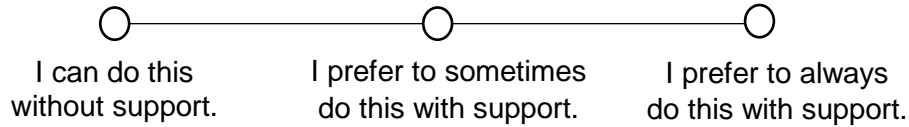


4. Taking care of my personal hygiene. Like showering or brushing my teeth.

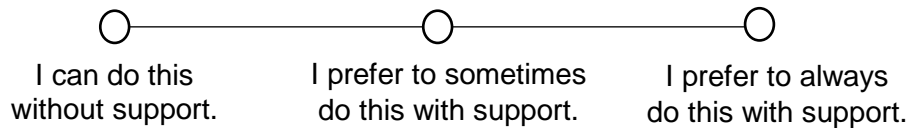


Staying Safe

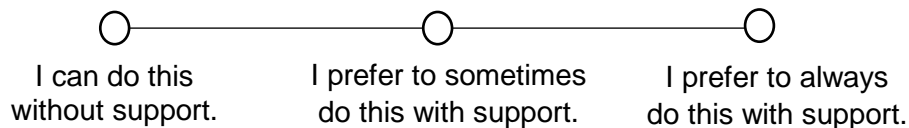
1. Making safe choices around the house. Like turning off the stove and having fire alarms.



2. Understanding and getting help if I am being treated badly (abuse or neglect).

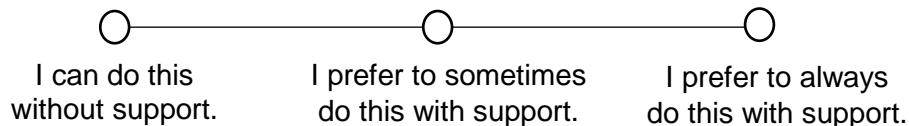


3. Making choices about drugs or alcohol.

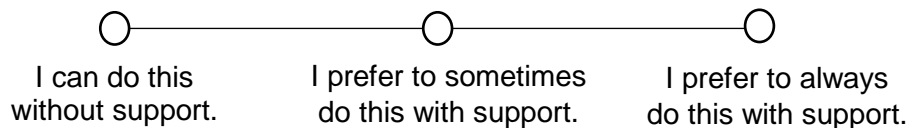


Home and Friends

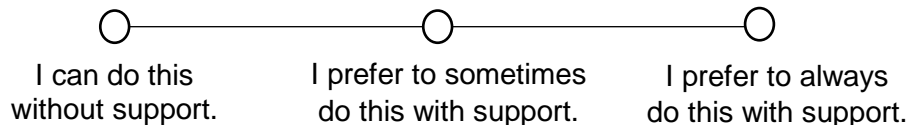
1. Choosing where I live and who I live with.



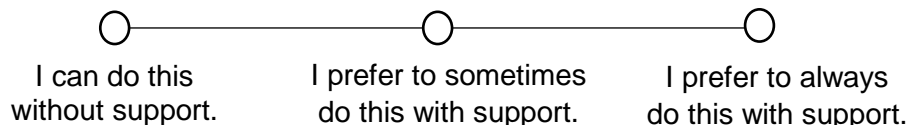
2. Choosing what to do and who I see in my free time.



3. Keeping my room or home clean.

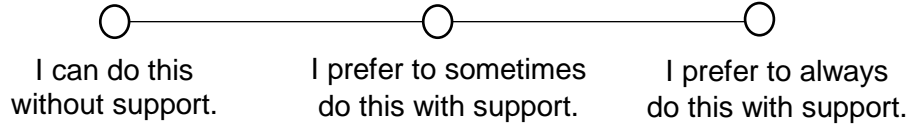


4. Finding support services and hiring and firing support staff.

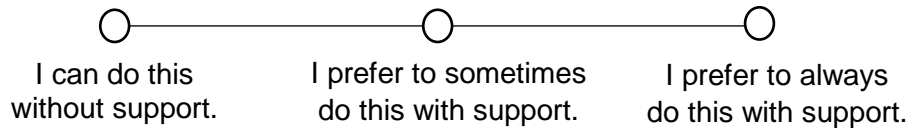


Travel

1. Traveling places I go often. Like work, stores, and friend's homes.

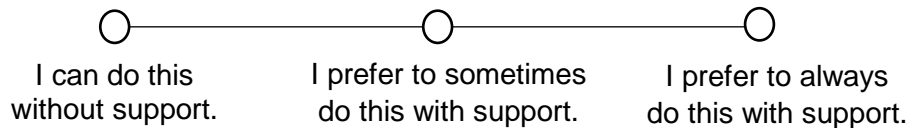


2. Traveling places I don't go often. Like the doctors or special events.

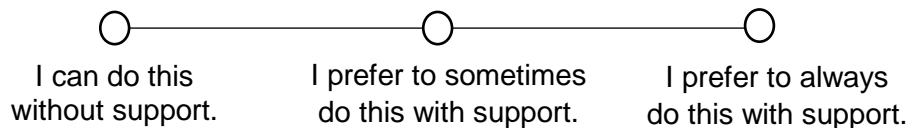


Partners

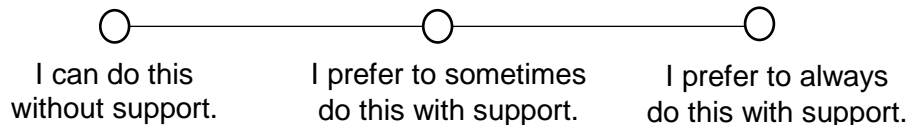
1. Choosing if I want to date and who I want to date.



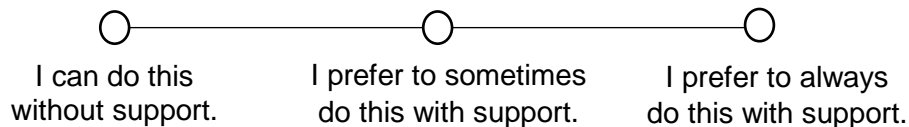
2. Making choices about sex.



3. Making choices about birth control and pregnancy.

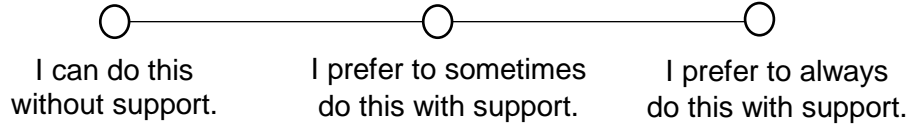


4. Making choices about marriage.

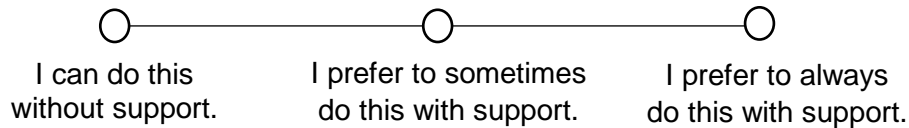


Being a Citizen

1. Signing a contract and formal agreements.

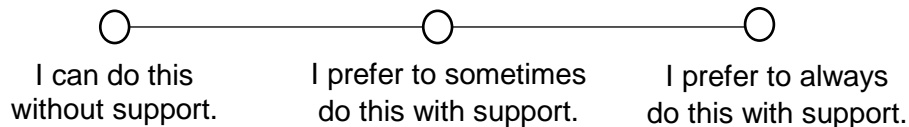


2. Choosing who to vote for and voting.

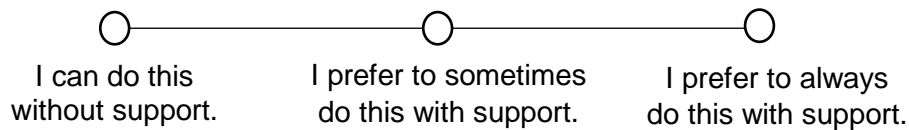


Jobs

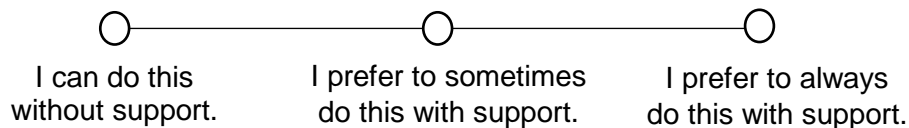
1. Choosing if I want to work.



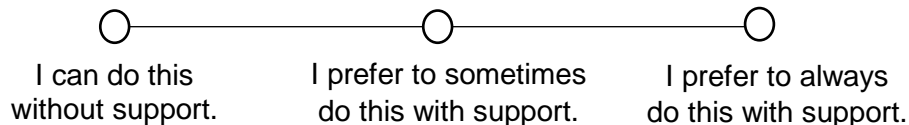
2. Understanding my work choices.



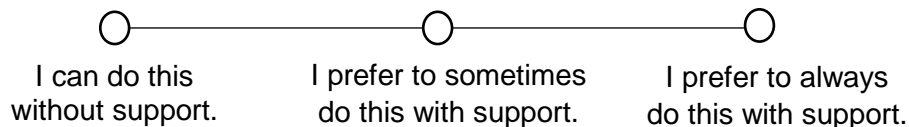
3. Choosing classes or training I need to get a job I want, and taking these classes.



4. Apply for a job.

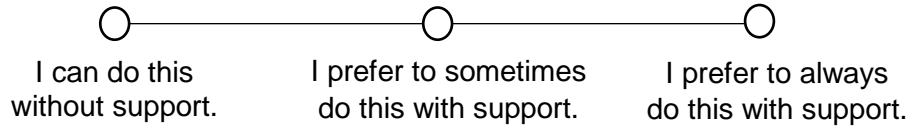


5. Going to my job every work day.

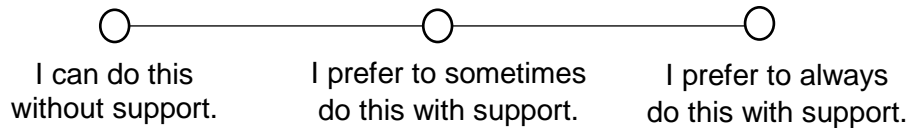


Money

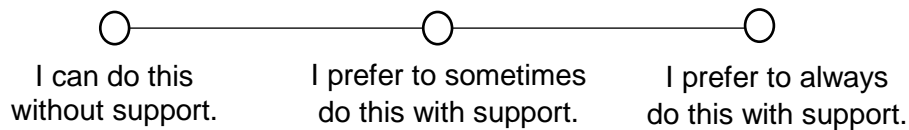
1. Paying the rent and bills on time.



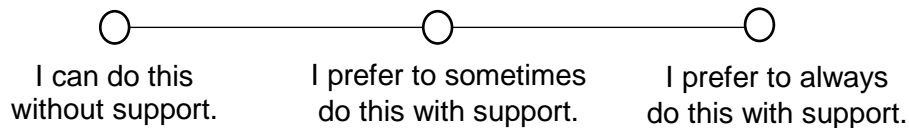
2. Keeping a budget so I know how much money I can spend.



3. Making big decisions about money. Like opening a bank account or signing a lease.

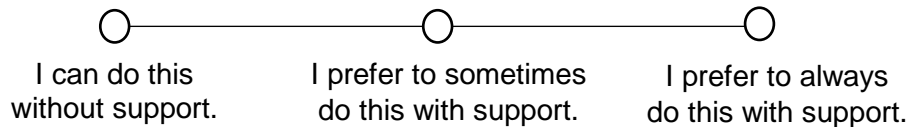


4. Making sure no one is taking my money or using it for themselves.

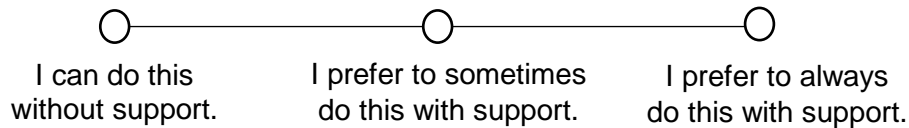


Other

1. _____



2. _____



SUPPORTED DECISION-MAKING AGREEMENTS

Information Sheet for Supporters

SUPPORTER BASIC RESPONSIBILITIES

1. Act only in the persons best interest
2. Help the person make good decisions
3. Keep personal information private
4. Help communicate the person's decisions, as necessary

WHAT IS SUPPORTED DECISION-MAKING?

Supported Decision-Making is a way to get help making choices.

A person with a disability can choose, family, friends, or staff who they want to help make their choices. We all use Supported Decision-Making. Many people ask their family and friends before making a big decision, such as where to live. Sometimes people ask an expert to help make complicated decisions, such as talking to a doctor about medical decisions. Talking to an expert can help us understand complicated information, even though the final decision is up to us, not the doctor.

WHAT DOES A SDM AGREEMENT DO?

A Supported Decision-Making Agreement lets other know

who is legally allowed to help the person with a disability, with what areas they need support, and what kind of support they would like. It gives the Supporter the legal status to be with the person with a disability and participate in discussions with others or get information about them.

By signing a Supported Decision-Making Agreement, the person with a disability is not saying they cannot act independently of the agreement or that they are incapacitated in any way.

“A Supported Decision-Making Agreement ...gives the Supporter the legal status to ...participate in discussions with others or get information ...”

SO YOU'VE BEEN ASKED TO BE A SUPPORTER...

Congratulations! If a person with a disability has asked you to be one of their Supporters, it means that they trust and value your relationship and advice.

You have a choice whether or not to be a Supporter. Before you make your own decision, fully consider what your role would be and discuss what kinds of support the person with a disability needs. There are many kinds of support to help the person understand, make, and communicate choices.



HAVE MORE QUESTIONS?

CONTACT US

Second Judicial District Court
75 Court Street & 1 S. Sierra
Reno, NV 89501
775-328-3250
775-325-6731
www.washoecourts.com

WHAT DOES IT MEAN TO BE A SUPPORTER?

Supported Decision-Making is a way for people with disabilities to get help in making their own choices. Unlike a guardianship, the person with a disability is still the ultimate decider. The person with a disability selects trusted family, friends, or staff to serve as Supporters.

You will probably be a part of a team of Supporters. You should ask the person with a disability who else is supporting them, and try to meet the other Supporters.

WHAT DO I DO AS A SUPPORTER?

Help, support, and advise the person with a disability. You are not making choices for them, even if you think the person isn't making the best choice. People learn by making bad choices. They are safer and more protected if they can make their own choices. It is important to respect this. If you think you would want to substitute your judgment, you should not be a Supporter.

DO I HAVE TO BE A SUPPORTER FOREVER?

No. You can stop at any time.

AM I LEGALLY LIABLE FOR THE PERSON'S CHOICES?

No. You are not making the choices. You are helping this person make their own choices.

WHAT SORT OF DECISIONS MIGHT THE PERSON NEED?

- **Personal Care:** clothing choices, personal hygiene, what and when to eat, remembering to take medicine
- **Living and Working:** choosing where to live, keeping their home clean, getting to work or programs, choosing work or day programs, and finding, hiring, and firing staff
- **Staying Safe:** choices about sex, helping if the person is being abused, choices about alcohol and drugs, making safe decisions around the home like installing fire detectors
- **Money:** paying rent and bills, budgeting, protecting the person from exploitation
- **Friends and Partners:** choices about free time, dating and sex, marriage, birth control
- **Health Choices:** when to go to the doctor, over the counter medicine, non-emergency care, emergency care
- **Communication:** expressing likes and dislikes, expressing choices

FORMS

Supported Decision-Making Agreement

This is a template form, if you want to change it you can. Examples of how you may want to change it are: add more Supporters, change what the Supporters are able to help you with, or write how your Supporters will help you.

Notice of Termination of Supported Decision-Making Agreement

You only need this form if you want to end the agreement. You or a Supporter can end the agreement at any time.

Sharing My Medical Information Sheet (HIPAA Authorization)

Fill out this form if you want a Supporter to be able to see your medical information. For each Supporter who you want to have see, you will need to fill a form out.

Sharing My School Information Sheet (FERPA Authorization)

Fill out this form if you want a Supporter to be able to see your school information. For each Supporter who you want to have see, you will need to fill a form out.

Washoe County School District Supported Decision Making Form

Fill out this form if you want a Supporter to be able to see your Washoe County school information.

Supported Decision-Making Agreement

My name is: _____

I understand what this agreement does, what kind of help my Supporters can give me, and what kind of help my Supporters cannot give me.

Making Decisions

My Supporters do not make decisions for me.

To help me make decisions, my Supporters may:

- Help me get the information I need to make decisions;
- Help me understand my choices so I can make a good decision for me;
- Help me tell other people about my decision.

Supporters

I want to have people I trust help me make decisions.

I choose the people listed below to be my supporters.

Supporter 1 Name:

This Supporter may help me with life decisions about:

Yes ___ No ___ getting food, clothing, or a place to live

Yes ___ No ___ my health

Yes ___ No ___ managing my money or property

Yes ___ No ___ getting an education or other training

Yes ___ No ___ choosing and maintaining my services and supports

Yes ___ No ___ finding a job

Yes ___ No ___ scheduling my appointments

Yes ___ No ___ other: _____

This Supporter may see my private records for:

Yes ___ No ___ private health information under the Health Insurance Portability and Accountability Act of 1996 (HIPPA). If yes, I will provide a signed release.

Yes ___ No ___ educational records under the Family Educational Rights and Privacy Act of 1974 (FERPA). If yes, I will provide a signed release.

Supporter 2 Name:

This Supporter may help me with life decisions about:

Yes ___ No ___ getting food, clothing, or a place to live

Yes ___ No ___ my health

Yes ___ No ___ managing my money or property

Yes ___ No ___ getting an education or other training

Yes ___ No ___ choosing and maintaining my services and supports

Yes ___ No ___ finding a job

Yes ___ No ___ scheduling my appointments

Yes ___ No ___ other: _____

This Supporter may see my private records for:

Yes ___ No ___ private health information under the Health Insurance Portability and Accountability Act of 1996 (HIPPA). If yes, I will provide a signed release.

Yes ___ No ___ educational records under the Family Educational Rights and Privacy Act of 1974 (FERPA). If yes, I will provide a signed release.

If you need, you can add more Supporters to this agreement.

Release of Liability

NOTICE: The person with a disability, the Supporters, and anyone following the direction of a Supporter named in this agreement accept and rely on this agreement in good faith. They are not subject to civil or criminal liability or professional discipline.

Report suspected abuse, neglect, exploitation, isolation or abandonment of an older or vulnerable person:

Adult Protective Services:

1-888-729-0571

or contact your local police department or sheriff's office.

Ending this Agreement

My Supporters or I can end this agreement at any time.

I know that I can change this agreement if I want to.

The agreement can be ended verbally or in writing.

The person ending the agreement must send a notice to everyone involved.

Forms for terminating this Supported Decision-Making Agreement are available at the Washoe County Courthouse.

Signature

This agreement must be signed in front of two witnesses.

I know I do not have to sign this agreement. I am entering this agreement voluntarily.

Date: _____ Signature: _____

Supporters' Signatures

Supporter 1: I consent to act as a Supporter under this agreement. I understand that information I receive on behalf of the person I support must be kept confidential when required by law.

Date: _____ Signature: _____

Supporter 2: I consent to act as a Supporter under this agreement. I understand that information I receive on behalf of the person I support must be kept confidential when required by law.

Date: _____ Signature: _____

Witnesses

Witness 1 Signature

Witness 2 Signature

Witness 1 Printed Name

Witness 2 Printed Name

Notice of Termination of Supported Decision-Making Agreement

My name is: _____

I am the:

Principal

A Supporter

The Supported Decision-Making Agreement between *(Person you wish to end the agreement with)* _____ and myself is ended.

The Supporter is no longer allowed to help the Principal with:

- Getting the information the Principal need to make decisions;
- Understanding choices so they can make a good decision for themselves;
- Telling other people about their decision.

Date: _____ Signature: _____

You must give a copy of this form to the Principal and all of the Supporters.

Sharing My Medical Information
(HIPPA Authorization to Disclose Health Information)

My name is: _____

My doctor's office or hospital is: _____

I want to share my medical records. My medical records include tests doctors and nurses do and the notes they write about me.

The person who can see my records is:

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

This person can see:

Check one box

All of my medical records.

Only some records. The records this person can see are:

This person can see my records until:

Check one box

This date: _____

When I sign a form to say they can no longer see my records.

I have decided to share my medical records with _____

I know that I do not have to share these records.

I know I can end this agreement at any time.

My doctors and nurses have to be very careful with my medical records. They cannot usually show my records to other people. The person who I am sharing my records cannot share them with other people unless I agree.

I trust the person I am sharing my records with.

Date: _____ Signature: _____

Sharing My School Information

(FERPA Authorization to Disclose Educational Information)

My name is: _____

My school is: _____

I have an IEP. (Individualized Education Program)

I want someone to help me make choices about school.

The person I want to help me is:

Name: _____

Phone Number: _____

I want this person to be able to come to my IEP meetings.

I want this person to get all of the information that I get from my school.

It is okay for this person to see information that my school had about me.

I know that I do not have to share this information.

I know I can end this agreement at any time.

This agreement will continue until I say it should stop.

Date: _____ Signature: _____



SUPPORTED DECISION MAKING FORM

Adult Student Name: _____

Address (Street/City/Zip): _____

I understand that I may create a network of individuals to help me inform my educational decisions related to my Individualized Education Program (IEP) once I reach the age of majority (18 years old). I would like the following people to assist me with making educational decisions. I understand that my parent or other individuals listed below may support me in the decision-making process related to my IEP. **However, I understand that such support is only intended to assist and inform my decisions, and that I alone represent my interests in any IEP decisions, educational decisions, and in any formal proceedings, including any administrative, state, or federal complaints or other legal proceedings.**

Name: _____

Relationship: _____ Phone Number: _____

Home Address: _____

Email Address: _____

Name: _____

Relationship: _____ Phone Number: _____

Home Address: _____

Email Address: _____

(Multiple forms may be used if there are more than two individuals identified to assist)



SUPPORTED DECISION MAKING FORM

These members may have access to the following educational documents if I have initialed the box next to it:

Document	Access
IEP Meeting Invitations and Agendas	
Requests for Assessments	
Requests for Changes in Placement	
Requests for Changes in Services	
Exit Requests	

Document	Access
Progress Reports	
Report Cards	
Attendance Information	
Assessment Results	
Other:	

I acknowledge and understand that I make the final decisions about my educational future after talking to members in my network, and can remove a member from my network, or their access to my educational documents at any time. I also understand that although I may designate a person as a support team member, I alone must be the direct contact for WCSD employees regarding my IEP and all education decisions and I must take lead in all discussions and decisions regarding my IEP. A support team member is not permitted to speak on my behalf and/or represent my interests in any educational decisions or legal proceedings. I further understand that WCSD is under no obligation to notice, invite, or gain consent from a support team member and that only I have the right to receive such notices and invitations and only I can provide consent for services or for other educational supports. I further understand that if I have any questions regarding this form, I can contact WCSD Office of Student Services at 775-789-4633.

In signing below, I acknowledge that I have read the foregoing supported decision-making form, that my handwritten entries are a true and correct reflection of my intent to designate a supported decision maker and that I was not influenced from any third-party person or entity in consenting herein.

Adult Student Signature

Date

Network Member Signature

Date

Network Member Signature

Date



SUPPORTED DECISION MAKING FORM

Frequently Asked Questions

After the Age of Majority (18)

Q: Does the Washoe County School District require students to submit a Supported Decision-Making Form?

A: No, it is not a requirement and is one of many available options. Rather, the SMS form is meant to provide guidance and support for students and families. When students turn 18 years of age, they have the right to bring anyone to an IEP meeting. By completing the SDM form and submitting it to the WCSD, the student is notifying district staff of the adult network members who are able to assist the student in making educational decisions as well as accessing the student's educational records.

Q: *What is the role of the Adult Student in the Supported Decision Making (SDM) process?*

A: Once a student reaches the age of majority, they can decide all educational decisions, including who attends the IEP with them. This is important as students learn to advocate for themselves and make decisions through their teens before they reach the age of majority. However, many students with disabilities need people who they trust to participate in the IEP process and help them to make decisions. The student will always make the final decision but will rely upon the individuals in the SDM process to help them make the best educational decisions for them.

Q: *Is the Supported Decision Making (SDM) process the same as Guardianship?*

A: No, SDM is significantly different than guardianship. With SDM, students still make their own decisions. However, the student identifies adults to help them to make decisions rather than making decisions for them. Obtaining guardianship is a legal process within the court system and is outside the authority or purview of the WCSD.

Q: *Who can be a member of the Supported Decision Making (SDM) network?*

A: The student determines who are trusted supporters in their lives and who can support them make educational decisions. The only qualification the WCSD requires is that the members are over the age of 18 years.

Q: *What does a member of a Supported Decision Making (SDM) network do?*

A: The members only guide the student and provide recommendations; the student is the final decision maker. In order for network members to support the student, a copy of the SDM form must be completed and submitted to the WCSD.



SUPPORTED DECISION MAKING FORM

Q: What documents are needed to begin a Supported Decision Making (SDM) process?

A: The Washoe County School District created a form necessary for the SDM process. Students choose their adult network members based on who they believe can support them to make educational decisions. Both the student and network member(s) must complete and sign the SDM form. The SDM form does not allow the SDM members to make decisions on behalf of the student.

Q: How do I become involved in the Supported Decision Making (SDM) process?

A: There is no formal process that the student or the supportive member needs to follow. The SDM form needs to be completed by the student and signed by all participants and submitted to the WCSD. Everyone should receive a copy of the form and the WCSD will keep a copy of the form as part of the student's records. The agreement can be terminated at any time by the student or any supportive member.