



Supported Decision Making in New Hampshire

Attached you will find an example of a Supported Decision Making agreement (SDM). While this document was used as an example within NH's legislation establishing SDM it is NOT the only document that can be used. If you chose to use a different agreement form it must contain all of the following:

- 1) Designation of at least one supporter.
- 2) Description of the types of decisions the supporter will be providing.
- 3) Description of the types of decisions, if any, that the supporter will not be helping with.

A supported decision-making agreement is only valid if all of the following happen:

- 1) The agreement is in writing
- 2) The agreement is dated.
- 3) The agreement is signed in the presence of 2 adult witnesses, or before a notary public, justice of the peace, or commissioner of deeds.
- 4) The agreement has been signed voluntarily and with an understanding of the nature and effect of the agreement.

A supported decision-making agreement shall contain a separate statement signed by each supporter named in the agreement indicating all of the following:

- 1) The supporter's relationship to the individual with disabilities.
- 2) The supporter's willingness to act as a supporter.
- 3) The supporter's acknowledgment of the role of a supporter

The 2 adult *witnesses* required may not be any of the following:

- 1) A supporter named in the agreement.
- 2) An employee or agent of a supporter named in the agreement.
- 3) A paid provider of services to the individual with a disability, unless the person is an immediate family member.
- 4) Any person who does not understand the type of communication the individual uses, unless an individual who understands the principal's means of communication is present to assist during the writing of the supported decision-making agreement.

The following individuals cannot act as supporters

- 1) A person who is an employer or employee of the individual with a disability, unless the person is an immediate family member
- 2) A person providing paid support services, unless the person is an immediate family member
- 3) A person against whom the individual with a disability has obtained an order of protection from abuse or a person who is the subject of a civil or criminal order prohibiting contact with the individual.
- 4) A person who has been convicted of any of the following New Hampshire offenses or their equivalent in another jurisdiction, if the offense has not been annulled: any offense or attempted offense under RSA 630 (homicide), any felony offense or attempted felony offense under RSA 631 (assault and related offenses), any offense or attempted offense under RSA 632-A (sexual assault and related offenses), any offense or attempted offense under RSA 636 (robbery), any felony offense or attempted felony offense under RSA 637 (theft), any offense or attempted offense under RSA 638 (fraud), any offense or attempted offense under RSA 641 (falsification in official matters).

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 _____.

Signature of Principal: _____

I am making this supportive 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: _____

Supporters

Supporter #1

I agree that _____ (name) will be my supporter. Their contact information is:.

Address: _____.

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:

Supporter #2.

I do not have to have more than one supporter. I choose to have _____ (name) also be my supporter. Their contact information is:

Address: _____.

Phone Number: _____.

E-mail Address: _____

is my supporter. 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: _____.

E-mail 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: _____.

Additional supporters may be added below as necessary.

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.

(Witness signature) (Printed name of witness).

(Witness signature) (Printed name of witness).