Supported Decision-Making Agreement

Under Texas law, you can use the form below or any form that is not inconsistent with this one.

Supported Decision-Making Agreement
This agreement is governed by the Supported Decision-Making Act, Chapter 1357 of the Texas Estates Code. This supported decision-making agreement is to support and accommodate an individual with a disability to make life decisions, including decisions related to where and with whom the individual wants to live, the services, supports, and medical care the individual wants to receive, and where the individual wants to work, without impeding the self-determination of the individual with a disability. This agreement may be revoked by the individual with a disability or his or her supporter at any time. If either the individual with a disability or his or her supporter has any questions about the agreement, he or she should speak with a lawyer before signing this supported decision-making agreement.

Appointment of Supporter:
I (Name of Adult with Disability), ______________________________ am entering into this agreement voluntarily.
I choose (Name of Supporter)__________________________ to be my Supporter.

Supporter’s Address: ____________________________________________________________
Phone Number: _________________________________________________________________
E-mail Address: _________________________________________________________________

My Supporter may help me with life decisions about:
Yes ___ No___ obtaining food, clothing and a place to live
Yes ___ No___ my physical health
Yes ___ No___ my mental 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___ Other:

My Supporter does not make decisions for me. To help me make decisions, my Supporter may:
1. Help me get the information I need to make medical, psychological, financial, or educational decisions;
2. Help me understand my choices so I can make the best decision for me; or
3. Help me communicate my decision to the right people.

Yes____ No___ My Supporter may see my private health information under the Health Insurance Portability and Accountability Act of 1996. I will provide a signed release.
Yes____ No____ My Supporter may see my educational records under the Family Educational Rights and Privacy Act of 1974 (20 U.S.C. Section 1232g). I will provide a signed release.

This agreement starts when signed and will continue until _______________ (date) or until my Supporter or I end the agreement or the agreement ends by law.
Signed this ______ (day) of __________________ (month), ________ (year)

____________________________________________ ____________________________________
(Signature of Adult with Disability) (Printed Name of Adult with Disability)
CONSENT OF SUPPORTER

I (Name of Supporter), _______________________________ consent to act as a Supporter under this agreement.

(Signature of Supporter) (Printed Name of Supporter)

This agreement must be signed in front of two witnesses or a Notary Public.

(Witness 1 Signature) (Printed Name of Witness 1)

(Witness 2 Signature) (Printed Name of Witness 2)

OR

Notary Public

State of ____________________
County of ____________________

This document was acknowledged before me on ______________________________ (date)

By __________________________, and

(Name of Adult with a Disability) (Name of Supporter)

(Signature of Notary) (Printed Name of Notary)

(Seal, if any, of notary) My commission expires: ___________________________

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WARNING: PROTECTION FOR THE ADULT WITH A DISABILITY

If a person who receives a copy of this agreement or is aware of the existence of this agreement has cause to believe that the adult with a disability is being abused, neglected, or exploited by the supporter, the person shall report the alleged abuse, neglect, or exploitation to the Department of Family and Protective Services by calling the Abuse Hotline at 1-800-252-5400 or online at www.txabusehotline.org.

DUTY OF CERTAIN PERSONS WITH RESPECT TO AGREEMENT

A person who receives the original or a copy of a supported decision-making agreement shall rely on the agreement. A person is not subject to criminal or civil liability and has not engaged in professional misconduct for an act or omission if the act or omission is done in good faith and in reliance on a supported decision-making agreement.