## Supported Decision-Making-When Do I Need Support? A Resource Document

 peateThis document was developed in partnership with the Disability Rights Program at the American Civil Liberties Union (ACLU).
Everyone needs support making some of their decisions. Some people may need support at the doctor's office. Some people may need help with their taxes. Some people may need help with money. When you receive help with decisions, that is called Supported-Decision-Making. This document can help you decide what you are able to do on your own and what you may need help with. You can use the information in this form to help you fill out a Supported Decision-Making Agreement if you want. Just check the boxes below to say if you need support in each area. You don't have to check a box in each area.

When you check the "I can do this with support" box think about who might want to support you and what kind of support you need.

|  | I can do this alone. | I can do this with support | I need someone else to do |
| :--- | :---: | :---: | :---: | :---: |

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|  | I can do this alone. | I can do this with support | I need someone else to do this for me. |
| :---: | :---: | :---: | :---: |
| PERSONAL CARE |  |  |  |
| Choosing what I wear |  |  |  |
| Getting dressed |  |  |  |
| Choosing what to eat, and when to eat |  |  |  |
| Taking care of my personal hygiene (for example, showering, bathing, brushing teeth) |  |  |  |
| Remembering to take my medicine |  |  |  |
| STAYING SAFE |  |  |  |
| Making safe choices around the house (for example turning off the stove, practicing for fire alarms) |  |  |  |
| Understanding and getting help if I am being treated badly (abuse or neglect) |  |  |  |
| Making choices about alcohol and drugs |  |  |  |

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|  |  | I can do this alone. |  |  |
| :--- | :--- | :--- | :--- | :--- |
| Making medical choices in serious do this with support <br> situations (for example, surgery, big injury) |  |  |  |  |
| Making medical choices in an emergency |  |  |  |  |

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 peate|  |  | I can do this alone. | I can do this with support | I need someone else to do |
| :--- | :--- | :--- | :--- | :--- |

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|  | I can do this alone. | I can do this with support | I need someone else to do <br> this for me. |  |
| :--- | :--- | :--- | :--- | :--- | :--- |
| OTHER (write any other choices or activities here) |  |  |  |  |
|  |  |  |  |  |
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