



This 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 <u>alone.</u>	I can do this with support	I need <u>someone else</u> to do
		****	this for me.
COMMUNICATION			
Telling people what I want and I don't			
want			
Telling people how I make choices			
Making sure people understand what I			
am saying			





	I can do this <u>alone.</u>	I can do this with support	I <u>need someone else</u> to do this for me.
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	PERSONAL C	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 SA	AFE	
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			





	I can do this <u>alone.</u>	I can do this <u>with support</u>	I <u>need someone else</u> to do this for me.
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	HOME AND FR	RIENDS	
Choosing where I live			
Choosing who I live with			
Choosing what to do and who to see in my free time			
Keeping my room or home clean			
Finding support services and hiring and firing support staff			
HEATLH CHOICES			
Choosing when to go to the doctor or the dentist			
Making medical choices in everyday situations (for example, check-up, getting medicine from the drug store)			





	I can do this <u>alone</u> .	I can do this with support	I <u>need someone else</u> to do this for me.
Making medical choices in serious			
situations (for example, surgery, big injury)			
Making medical choices in an emergency			
	PARTNER	S	
Choosing if I want to date and who I want to date			
Making choices about sex			
Making choices about marriage			
Making choices about birth control and pregnancy			





	I can do this <u>alone.</u>	I can do this with support	I <u>need someone else</u> to do this for me.
	TRAVEL		
Traveling to places I go often (for example, getting to work stores, friends' homes)			
Traveling to places I do not go often (for example, doctors' appointments, special events)			
	JOBS		
Choosing if I want to work			
Understanding my work choices			
Choosing classes or training I need to get a job I want and taking these classes			
Applying for a job			
Going to my job every workday			





	I can do this <u>alone.</u>	I can do this with support	I <u>need someone else</u> to do this for me.
	MONEY	,	
Paying the rent and bills on time			
Keeping a budget so I know how much money I can spend			
Making big decisions about money (for example, opening a bank account, signing a lease)			
Making sure no one is taking my money or using it for themselves			
BEING A CITIZEN			
Signing contracts and formal agreements			
Choosing who to vote for and voting			
Choosing classes or training I need to get a job I want and taking these classes			





	I can do this <u>alone.</u>	I can do this with support	I <u>need someone else</u> to do this for me.
OTH	ER (write any other choice	ces or activities here)	

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