MY SUPPORT AGREEMENT

Plain-language short form

Please read this out loud with me first

- This paper lets me pick people I trust to **help** me make my own choices.
- **I do not have to sign it.** Nobody can make me.
- My helpers **cannot make choices for me.** I make the choices.
- I can **change my mind** and cancel this paper at any time.
- This paper is a **request**. It is **not a court order**, and it is **not a power of attorney**. A hospital or bank does not have to follow it, but it shows clearly what I want.

My name: _____

My birthday: _____

My address: _____

My phone: _____

Today's date: _____

1. MY HELPERS

These people will help me. They are called **Supporters**.

Helper 1

Name: _____

How I know them: _____

Phone: _____

Helper 2

Name: _____

How I know them: _____

Phone: _____

If my helper cannot help, I want this person:

Name: _____

Phone: _____

I do **not** want these people to help me decide:

_____

2. WHAT I WANT HELP WITH

Check each one where I want help:

☐ My **doctors** and health care
☐ My **feelings** and mental health care
☐ **Where I live**, and if I need to move
☐ **Help at home** (caregivers, meals, safety)
☐ My **bills** and everyday money
☐ **Big money** choices
☐ **Insurance** and benefits (Medicare, Medicaid)
☐ **Lawyers** and legal papers
☐ **Visitors** and people I want to see
☐ My **phone, mail, and computer**
☐ How I want to be **cared for at the end of life**
☐ Other: _____

3. HOW MY HELPERS CAN HELP

My helpers may:

- Help me **learn** about my choices.
- **Explain** things in words I understand.
- Talk with me about **good and bad** that could happen.
- Come with me to **doctor visits and meetings** when I ask.

- Help me **remember** what I decided.
- Help me **tell other people** what I decided.
- Help me **get things done** that I decided.
- Get **copies of papers** about my care and my money, if I sign the health information form.

My helpers may **not**:

- Make a choice **for me** or **sign for me**.
- Take my **money or things**.
- Keep me from **my family and friends**.
- **Move** me out of my home without talking with me first.
- Ask a court to be my **guardian** without telling my other helpers first.

4. WHAT I WANT

I want to live:

☐ I want to stay in **my own home** as long as I safely can.

☐ If I ever say "I want to go home," please **call my helpers** and **look for ways to get me home**.

☐ I want people to **try other things first** before using medicine to calm me.

These things make me feel safe and calm (music, people, pets, foods, routines, prayer):

People I always want to see:

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5. IF IT GETS HARD FOR ME TO DECIDE

- Please **give me more time** and **explain it again** a different way.
- Please **look for a cause that can be fixed**, such as an infection, pain, new medicine, or not drinking enough.
- Please **keep calling my helpers**, **keep telling them** what is happening, and **listen to them** about what I would want.
- Please **tell my helpers first** before asking a court to appoint a guardian or moving me to a nursing home.
- My **other papers** (trust, power of attorney, health care power of attorney) still say who has legal power. My helpers do not get that power from this paper.

6. SIGNING

I want these people to help me. I am signing because **I** want to. I know I can cancel this at any time.

_____ Date: _____

My signature

_____

Printed name

My helpers sign here

I will help this person understand and make **their own** choices. I will not make choices for them or sign for them. I will be honest, keep their information private, and tell them if I would gain from their choices. I have **not** been found to have hurt or taken advantage of an older person or a person with a disability, and I am **not** their doctor or someone who works where they live (unless I am a relative).

_____ Date: _____

Helper 1 signature

_____

Printed name

_____ Date: _____

Helper 2 signature

_____

Printed name

Two witnesses OR a notary

We saw this person sign. They seemed to understand and to be acting freely. We are adults. We are not related to them, not helpers, and not their doctor or someone who works where they live.

_____ Date: _____

Witness 1

_____

Printed name

_____ Date: _____

Witness 2

_____

Printed name

Read aloud to the person by: _____ on _____

Notary (if used): State of _____ County of _____. Acknowledged on _____ by the people named above.

_____

Notary Public

_____

Printed name

Pair this form with the Health Information Authorization (Exhibit D of the full agreement), so that doctors may share information with my helpers.