**Support Assessment**

Person completing this form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WHEN DOES THE PERSON NEED SUPPORT?**

Check the boxes to say if the Person needs support in each area, though not every category may be applicable. You can use the information in this form to help you fill out a Supported Decision Making Agreement.

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|  | How much support does Person need? | Notes and observations |
| **Finances** |  |  |
| Paying the rent and bills on time (for example, cell phone, electricity, internet) | □ Person can do this  alone  □ Person needs some  support  □ Person need lots of  help with this |  |
| Keeping a budget so Person knows how much money he/she can spend | □ Person can do this  alone  □ Person needs some  support  □ Person need lots of  help with this |  |
| Making big decisions about money (for example, opening a bank account, signing a lease) | □ Person can do this  alone  □ Person needs some  support  □ Person need lots of  help with this |  |
| Making sure no one is taking Person’s money or using it for themselves | □ Person can do this  alone  □ Person needs some  support  □ Person need lots of  help with this |  |

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|  | How much support does Person need? | Notes and observations |
| Other: | □ Person can do this  alone  □ Person needs some  support  □ Person need lots of  help with this |  |
| **Health Care** |  |  |
| Choosing when to go to the doctor or the dentist | □ Person can do this  alone  □ Person needs some  support  □ Person need lots of  help with this |  |
| Making medical choices in everyday situations (for example, check-up, medicine from the drug store) | □ Person can do this  alone  □ Person needs some  support  □ Person need lots of  help with this |  |
| Making medical choices in serious situations (for example, surgery, big injury) | □ Person can do this  alone  □ Person needs some  support  □ Person need lots of  help with this |  |
| Making medical choices in an emergency | □ Person can do this  alone  □ Person needs some  support  □ Person need lots of  help with this |  |
| Understanding how health care costs are covered (for example, Medicaid, private insurance, etc.) | □ Person can do this  alone  □ Person needs some  support  □ Person need lots of  help with this |  |
|  | How much support does Person need? | Notes and observations |
| Making choices about birth control or pregnancy | □ Person can do this  alone  □ Person needs some  support  □ Person need lots of  help with this |  |
| Remembering to take medicine | □ Person can do this  alone  □ Person needs some  support  □ Person need lots of  help with this |  |
| Other: | □ Person can do this  alone  □ Person needs some  support  □ Person need lots of  help with this |  |
| **Legal Matters** |  |  |
| Talking to an attorney if Person needs one | □ Person can do this  alone  □ Person needs some  support  □ Person need lots of  help with this |  |
| Help understanding Person’s rights | □ Person can do this  alone  □ Person needs some  support  □ Person need lots of  help with this |  |
| Signing contracts and formal agreements | □ Person can do this  alone  □ Person needs some  support  □ Person need lots of  help with this |  |
|  | How much support does Person need? | Notes and observations |
| Other: | □ Person can do this  alone  □ Person needs some  support  □ Person need lots of  help with this |  |
| **Education** |  |  |
| What classes Person will take | □ Person can do this  alone  □ Person needs some  support  □ Person need lots of  help with this |  |
| What accommodations Person needs at school | □ Person can do this  alone  □ Person needs some  support  □ Person need lots of  help with this |  |
| Deciding what college to attend or what to do after high school | □ Person can do this  alone  □ Person needs some  support  □ Person need lots of  help with this |  |
| Other: | □ Person can do this  alone  □ Person needs some  support  □ Person need lots of  help with this |  |
| **Work** |  |  |
| Choosing if Person wants to work | □ Person can do this  alone  □ Person needs some  support  □ Person need lots of  help with this |  |
|  | How much support does Person need? | Notes and observations |
| Understanding Person’s work choices | □ Person can do this  alone  □ Person needs some  support  □ Person need lots of  help with this |  |
| Choosing classes or training Person need to get a job he/she wants, and taking these classes | □ Person can do this  alone  □ Person needs some  support  □ Person need lots of  help with this |  |
| Applying for a job | □ Person can do this  alone  □ Person needs some  support  □ Person need lots of  help with this |  |
| Going to Person’s job every work day | □ Person can do this  alone  □ Person needs some  support  □ Person need lots of  help with this |  |
| Knowing what accommodations Person needs at work and how to request them | □ Person can do this  alone  □ Person needs some  support  □ Person need lots of  help with this |  |
| Understanding the employee handbook or work policies | □ Person can do this  alone  □ Person needs some  support  □ Person need lots of  help with this |  |

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|  | How much support does Person need? | Notes and observations |
| Other: | □ Person can do this  alone  □ Person needs some  support  □ Person need lots of  help with this |  |
| **Life Plan** |  |  |
| Choosing where Person lives | □ Person can do this  alone  □ Person needs some  support  □ Person need lots of  help with this |  |
| Choosing who Person lives with | □ Person can do this  alone  □ Person needs some  support  □ Person need lots of  help with this |  |
| Choosing what to do and who to see in Person’s free time | □ Person can do this  alone  □ Person needs some  support  □ Person need lots of  help with this |  |
| Keeping Person’s room or home clean | □ Person can do this  alone  □ Person needs some  support  □ Person need lots of  help with this |  |
| Finding support services and hiring and firing support staff | □ Person can do this  alone  □ Person needs some  support  □ Person need lots of  help with this |  |
|  | How much support does Person need? | Notes and observations |
| How to plan for an emergency | □ Person can do this  alone  □ Person needs some  support  □ Person need lots of  help with this |  |
| Other: | □ Person can do this  alone  □ Person needs some  support  □ Person need lots of  help with this |  |
| **Other** |  |  |
| Telling people what Person wants and doesn’t want | □ Person can do this  alone  □ Person needs some  support  □ Person need lots of  help with this |  |
| Telling people how Person makes choices | □ Person can do this  alone  □ Person needs some  support  □ Person need lots of  help with this |  |
| Making sure people understand what Person is saying | □ Person can do this  alone  □ Person needs some  support  □ Person need lots of  help with this |  |
| Choosing what Person wears | □ Person can do this  alone  □ Person needs some  support  □ Person need lots of  help with this |  |
|  | How much support does Person need? | Notes and observations |
| Getting dressed | □ Person can do this  alone  □ Person needs some  support  □ Person need lots of  help with this |  |
| Taking care of Person’s personal hygiene (for example, showering, bathing, brushing teeth) | □ Person can do this  alone  □ Person needs some  support  □ Person need lots of  help with this |  |
| Choosing what to eat, and when to eat | □ Person can do this  alone  □ Person needs some  support  □ Person need lots of  help with this |  |
| Making safe choices around the house (for example, turning off the stove, having fire alarms) | □ Person can do this  alone  □ Person needs some  support  □ Person need lots of  help with this |  |
| Understanding and getting help if Person is being treated badly (abused or neglected) | □ Person can do this  alone  □ Person needs some  support  □ Person need lots of  help with this |  |
| Making choices about alcohol and drugs | □ Person can do this  alone  □ Person needs some  support  □ Person need lots of  help with this |  |

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|  | How much support does Person need? | Notes and observations |
| Choosing if Person wants to date, and who Person wants to date | □ Person can do this  alone  □ Person needs some  support  □ Person need lots of  help with this |  |
| Making choices about sex | □ Person can do this  alone  □ Person needs some  support  □ Person need lots of  help with this |  |
| Making choices about marriage | □ Person can do this  alone  □ Person needs some  support  □ Person need lots of  help with this |  |
| Traveling to places Person goes often (for example, getting to work, stores, friends' homes) | □ Person can do this  alone  □ Person needs some  support  □ Person need lots of  help with this |  |
| Traveling to places Person does not go often (for example, doctor's appointments, special events) | □ Person can do this  alone  □ Person needs some  support  □ Person need lots of  help with this |  |
| Choosing who to vote for and voting | □ Person can do this  alone  □ Person needs some  support  □ Person need lots of  help with this |  |

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| --- | --- | --- |
|  | How much support does Person need? | Notes and observations |
| Other: | □ Person can do this  alone  □ Person needs some  support  □ Person need lots of  help with this |  |
| Other: | □ Person can do this  alone  □ Person needs some  support  □ Person need lots of  help with this |  |

Adapted from the ACLU, *How to Make A Supported Decision Making Agreement*

What worries you the most about Person’s care?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What are you most proud of about this Person?

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Who are some adults in this Person’s life who would be supportive of their independence and self-determination?

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_