# Supporter Appointment Addendum

My Supporters do not make decisions for me. I appoint the following person as my Supporter:

Full name Address

Email Telephone

Relationship to adult:

# I want this Supporter to help me with decisions related to:

* Finance ☐ Legal Matters
* Work
* Physical Health
* Mental Health
* Services and Supports
* Education
* Community Living/Housing
* Other

# Exceptions/limitations to these areas:

* Supporter may work with other Supporters.
* Supporter may share information with other Supporters.

# I want this Supporter to help me by:

* Giving me information in a way I can understand.
* Be with me when obtaining information about my decision.
* Discussing the good/bad (pros/cons) that can happen.
* Helping me advocate for my decision.
* Helping me communicate my wishes to others.
* Other:

# Supporter Consent

I, , consent to act as Supporter for

(Adult). I know I may not make decisions for Adult. I understand that my job as Supporter is to honor and express Adult's wishes. I will support the will and preference of Adult, and not my opinion of Adult's best interests. I will act honestly, diligently, and in good faith, and I will act within the scope set forth in the Supported Decision-Making Agreement. I will avoid conflicts of interest.

I understand the relationship between Adult and Supporter is one of trust and confidence, and serves to preserve the decision-making authority of Adult. I understand that I am not becoming an agent for Adult and I am not liable for the consequences of Adult's decisions. I understand that I am not a surrogate decision maker for Adult and that I do not have authority to sign legal documents on behalf of Adult or bind Adult to a legal agreement unless expressly specified in a separate legal document.

As Supporter, I understand that I am prohibited from:

* exerting undue influence upon Adult;
* receiving a fee for service related solely to services performed in the role of Supporter;
* obtaining, without the consent of Adult, information acquired for a purpose other than assisting Adult in making a specific decision authorized by the Supported Decision-Making Agreement; or
* acting outside the scope of authority provided in the Supported Decision-Making Agreement.

I will notify Adult in writing if I intend to resign as Supporter.

Signature Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_