

**RHODE ISLAND SUPPORTED DECISION-MAKING  
AGREEMENT PURSUANT TO 42-66.13-1 et. seq.**

**Section 1: Appointment of Supporter/s and Types of Decisions**

I, \_\_\_\_\_ (insert your name), make this agreement of my own free will.

I agree and designate that:

Name:

Address:

Phone Number:

E-mail Address:

is my supporter.

My supporter may help me with making everyday life decisions relating to the following:

- 1 Y/N Obtaining food, clothing, and shelter
  - 2 Y/N Taking care of my health
  - 3 Y/N Other (specify):
- 
- 

I agree and designate that:

Name:

Address:

Phone Number:

E-mail Address:

is my supporter.

**[Note: The following people cannot be your supporter: (1) A person who is your employer or employee unless the person is your immediate family member; (2) A person directly providing paid support services to you, unless the person is your immediate family member; and (3) An individual against whom you have obtained an order of protection from abuse or an individual who is the subject of a civil or criminal order prohibiting contact with you.]**

My supporter may help me with making everyday life decisions relating to the following:

- 1 Y/N Obtaining food, clothing, and shelter
  - 2 Y/N Taking care of my health
  - 3 Y/N Other (specify):
- 
- 

**Section 2: How My Supporter/s May Help**

My supporter(s) is (are) not allowed to make decisions for me. To help me with my decisions, my supporter(s) may:

- (1) Help me access, collect, or obtain information that is relevant to a decision, including medical, psychological, educational, or treatment records;
- (2) Help me gather and complete appropriate authorizations and releases;
- (3) Help me understand my options so I can make an informed decision; and
- (4) Help me communicate my decision to appropriate persons.

**Section 3: Effective Date and End Date of Supported Decision-Making Agreement**

This supported decision-making agreement is effective immediately and will continue until (insert date) or until the agreement is terminated by my supporter or me or by operation of law.

Signed this                      day of                      , 20

**Section 4. Consent of Supporter/s**

I,                      (name of supporter), consent to act as a supporter under this agreement, and acknowledge my responsibilities under chapter 66.13 of title 42.

(Signature of supporter)\_\_\_\_\_

(Printed name of supporter)\_\_\_\_\_

My relationship to the principal is: \_\_\_\_\_

I, \_\_\_\_\_ (name of supporter), consent to act as a supporter under this agreement, and acknowledge my responsibilities under chapter 66.13 of title 42.

(Signature of supporter)\_\_\_\_\_

(Printed name of supporter)\_\_\_\_\_

My relationship to the principal is: \_\_\_\_\_

**Section 5: Consent of the Principal**

(My signature)\_\_\_\_\_

(My printed name)\_\_\_\_\_

**Section 6: Two Witnesses or a Notary Public (Section 6 can be satisfied by one of the following methods: (1) signature of two witnesses; OR (2) notarization of this agreement.)**

(Witness 1 signature)\_\_\_\_\_

(Printed name of witness 1)\_\_\_\_\_

(Witness 2 signature)\_\_\_\_\_

(Printed name of witness 2)\_\_\_\_\_

**[Note:** *The following people cannot be your witnesses (1) Your supporter/s; (2) An employee or agent of your supporter/s named in the supported decision-making agreement; (3) A paid provider of eservices to you; and, (4) Any person who does not understand the type of*

*communication you use, unless an individual who understands your means of communication is present to assist during the execution of the supported decision-making agreement.]*

**Or**

State of

County of

This document was acknowledged before me on (date)

by

\_\_\_\_\_  
(Name of adult with a disability)

\_\_\_\_\_  
(Name of supporter)

(Signature of notarial officer)\_\_\_\_\_

(Seal, if any, of notary)

(Printed name)

My commission expires: