

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, **Emily Smith** (insert your name), make this agreement of my own free will. I agree and designate that the following three people are my supporters:

Name: **John Smith**
Address: 123 Maple Street, Providence, RI
Phone Number: 401-555-1212
E-mail Address: johnsmith@gmail.com

Name: **Mary Smith**
Address: 123 Maple Street, Providence, RI
Phone Number: 401-555-1212
E-mail Address: marysmith@gmail.com

Name: **Charlie Johnson**
Address: 159 Elm Street, Providence, RI
Phone Number: 401-555-1215
E-mail Address: cjohnson@gmail.com

Pursuant to statutory requirements, I certify that my supporters are not any of the following:
(1) A person who is my employer or employee unless the person is my immediate family member;
(2) A person directly providing paid support services to me, unless the person is my immediate family member; and
(3) An individual against whom I have obtained an order of protection from abuse or an individual who is the subject of a civil or criminal order prohibiting contact with me.

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

- Y/N Obtaining food, clothing, and shelter
- Y/N Taking care of my health
- Y/N Other (specify): Other issues/decisions I have described below

My supporters may help me with decisions regarding things happening with my job, choosing a doctor and a dentist because I don't like my current dentist, making plans to do things with friends on the weekend, exploring transportation schedules and other help for traveling by train, one of my goals. I would also like my supporters to help me explore options for living in an apartment on my own when I feel ready to do that. Another goal I have is my own bank account and I would like help from my supporters for opening my own account and creating a budget.

Section 2: How My Supporter/s May Help

My supporters are not allowed to make decisions for me.

To help me with my decisions, my supporter(s) may:

- Help me access, collect, or obtain information that is relevant to a decision, including medical, psychological, educational, or treatment records;
- Help me gather and complete appropriate authorizations and releases;
- Help me understand my options so I can make an informed decision; and
- 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 indefinitely (or insert date) or until the agreement is terminated by my supporter or me or by operation of law.

Signed this 3rd day of November, 2025

Section 4. Consent of Supporter/s

I, **John Smith**, consent to act as a supporter under this agreement, and acknowledge my responsibilities under chapter 66.13 of title 42.

Signature: _____

Printed name: _____

My relationship to the principal is: Father

I, **Mary Smith**, consent to act as a supporter under this agreement, and acknowledge my responsibilities under chapter 66.13 of title 42.

Signature: _____

Printed name: _____

My relationship to the principal is: Mother

I, **Charlie Johnson**, consent to act as a supporter under this agreement, and acknowledge my responsibilities under chapter 66.13 of title 42.

Signature: _____

Printed name: _____

My relationship to the principal is: Friend

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 services 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 November 3, 2025 by:

Name of adult with a disability

Name of supporter

(Signature of notarial officer) _____

(Seal, if any, of notary)

(Printed name)

My commission expires: