

**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 the following three people are my supporters:

Name:  
Address:  
Phone Number:  
E-mail Address:

Name:  
Address:  
Phone Number:  
E-mail Address:

Name:  
Address:  
Phone Number:  
E-mail Address:

*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

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     day of.     ,

Section 4. Consent of Supporter/s

I, \_\_\_\_\_, 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:

I, \_\_\_\_\_, 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:

I, \_\_\_\_\_, 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:

**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 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: