

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:

- | | | |
|--|--|---|
| <input type="checkbox"/> Finance | <input type="checkbox"/> Legal Matters | <input type="checkbox"/> Work |
| <input type="checkbox"/> Physical Health | <input type="checkbox"/> Services and Supports | <input type="checkbox"/> Community Living/Housing |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Education | <input type="checkbox"/> Other |

Exceptions/limitations to these areas:

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