# I DECIDE Guide

I DECIDE
DIRECT | ENLIST | CHOOSE | INFORM | DETERMINE | EXPERIENCE
GEORGIA

I, _____, use Supported Decision-Making to **DECIDE** and this Supported-Decision Making agreement was created by me on _____.

I **DIRECT** the support I need, and I want help in the following areas:
*(ex: finances/managing money, medical/healthcare, relationships, daily living, employment, etc.)*

_____

_____

_____

When there are times that I am more worried, upset, or confused, it may not the best for me make decisions without support. Some clues or signs to be aware of in these times include:

_____

_____

_____

I want you to check with me to see if we can try again later and get back on track.
I **ENLIST** Support from these people:

_____

_____

_____

They know me well and commit to NOT making decisions for me. My supporters have learned about supported decision-making and understand it well. Together, we will discuss and I will decide.

I **CHOOSE** to use these strategies for support and ask my supporters to:

- ☐ Help me understand information
- ☐ Show me options and choices
- ☐ Join me at appointments or meetings
- ☐ Help me visualize (point out what could happen - both good and bad)
- ☐ Take notes for me and review main things with me
- ☐ Clarify and check for my understanding
- ☐ Give me extra time
- ☐ Get information in a way that works for me (audio/visual)
- ☐ I want my supporters to work together to support me with most or all of my decisions
- ☐ I want to choose the areas for each supporter to assist me

I do not want my supporter(s) to:

_____

_____

_____

I do not want support in the following areas:

_____

_____

_____

I'm going to **INFORM** others of my Supported Decision-Making Agreement in the following ways:

- ☐ Notarizing my plan
- ☐ Signing Releases of Information
- ☐ Creating a Power of Attorney
- ☐ Creating an Advanced Directive
- ☐ Writing a letter to go with my plan

Other ways I will inform others:

_____

_____

I **DETERMINE** my success. I have skills and talents and I express what I need and want.
I communicate by:

- ☐ Speaking
- ☐ Writing or typing
- ☐ Signing
- ☐ Pointing
- ☐ Indicating YES/NO

Other ways I communicate or how supporters should ask me for input:

_____

_____

_____

My **EXPERIENCE** makes me a better decision-maker. If a decision I make doesn't turn out the way I hope, my supporters can help me learn by:

_____

_____

_____

_____

**My DECIDE Guide** indicates how I want support with making decisions.

I understand that I can decide to end or change this agreement at any time.

I understand that I can choose to add, replace or remove a network supporter. I want this agreement to be in place for:

- ◯ 1 year
- ◯ 3 years
- ◯ Until I change it

Signed: _____ Date: _____

Full Name: _____ Street Address: _____

Date of Birth: _____ City: _____

Email: _____ State: _____

Phone: _____ Zip Code: _____

As a SUPPORTER, I agree to support this person to make decisions in the way that they ask.

Signed: _____ Date: _____

Full Name: _____ Street Address: _____

Date of Birth: _____ City: _____

Email: _____ State: _____

Phone: _____ Zip Code: _____

As a SUPPORTER, I agree to support this person to make decisions in the way that they ask.

Signed: _____ Date: _____

Full Name: _____ Street Address: _____

Date of Birth: _____ City: _____

Email: _____ State: _____

Phone: _____ Zip Code: _____

As a SUPPORTER, I agree to support this person to make decisions in the way that they ask.

Signed: _____ Date: _____

Full Name: _____ Street Address: _____

Date of Birth: _____ City: _____

Email: _____ State: _____

Phone: _____ Zip Code: _____