

## Person-Driven Support Worksheet

### WHEN DO I WANT SUPPORT?

Check the boxes to say if you need support in each area, though not every category may be applicable to you. When you check the "I can do this with support" box, you should think about who you might want to support you, and write what kind of support you want. You can use the information in this form to help you fill out a Supported Decision Making Agreement.

|   | How much support do I need?  | What kind of support do I want? | Who could help me? |
|---|--|---------------------------------|--------------------|
| <b>Finances</b>   |  |                                 |                    |
| Paying the rent and bills on time (for example, cell phone, electricity, internet)      | <input type="checkbox"/> I can do this alone<br><input type="checkbox"/> I need some support<br><input type="checkbox"/> I need lots of help with this |                                 |                    |
| Keeping a budget so I know how much money I can spend                                   | <input type="checkbox"/> I can do this alone<br><input type="checkbox"/> I need some support<br><input type="checkbox"/> I need lots of help with this |                                 |                    |
| Making big decisions about money (for example, opening a bank account, signing a lease) | <input type="checkbox"/> I can do this alone<br><input type="checkbox"/> I need some support<br><input type="checkbox"/> I need lots of help with this |                                 |                    |
| Making sure no one is taking my money or using it for themselves                        | <input type="checkbox"/> I can do this alone<br><input type="checkbox"/> I need some support<br><input type="checkbox"/> I need lots of help with this |                                 |                    |
| Other:  | <input type="checkbox"/> I can do this alone<br><input type="checkbox"/> I need some support<br><input type="checkbox"/> I need lots of help with this |                                 |                    |
| <b>Health Care</b>  |  |                                 |                    |
| Choosing when to go to the doctor or the dentist  | <input type="checkbox"/> I can do this alone<br><input type="checkbox"/> I need some support<br><input type="checkbox"/> I need lots of help with this |                                 |                    |

|   | How much support do I need?  | What kind of support do I need? | Who could help me? |
|---|--|---------------------------------|--------------------|
| Making medical choices in everyday situations (for example, check-up, medicine from the drug store) | <input type="checkbox"/> I can do this alone<br><input type="checkbox"/> I need some support<br><input type="checkbox"/> I need lots of help with this |                                 |                    |
| Making medical choices in serious situations (for example, surgery, big injury)                     | <input type="checkbox"/> I can do this alone<br><input type="checkbox"/> I need some support<br><input type="checkbox"/> I need lots of help with this |                                 |                    |
| Making medical choices in an emergency  | <input type="checkbox"/> I can do this alone<br><input type="checkbox"/> I need some support<br><input type="checkbox"/> I need lots of help with this |                                 |                    |
| Understanding how health care costs are covered (for example, Medicaid, private insurance, etc.)    | <input type="checkbox"/> I can do this alone<br><input type="checkbox"/> I need some support<br><input type="checkbox"/> I need lots of help with this |                                 |                    |
| Making choices about birth control or pregnancy   | <input type="checkbox"/> I can do this alone<br><input type="checkbox"/> I need some support<br><input type="checkbox"/> I need lots of help with this |                                 |                    |
| Remembering to take medicine  | <input type="checkbox"/> I can do this alone<br><input type="checkbox"/> I need some support<br><input type="checkbox"/> I need lots of help with this |                                 |                    |
| Other:  | <input type="checkbox"/> I can do this alone<br><input type="checkbox"/> I need some support<br><input type="checkbox"/> I need lots of help with this |                                 |                    |

|   | How much support do I need?  | What kind of support do I need? | Who could help me? |
|---|--|---------------------------------|--------------------|
| <b>Legal Matters</b>  |  |                                 |                    |
| Talking to an attorney if I need one                            | <input type="checkbox"/> I can do this alone<br><input type="checkbox"/> I need some support<br><input type="checkbox"/> I need lots of help with this |                                 |                    |
| Help understanding my rights                                    | <input type="checkbox"/> I can do this alone<br><input type="checkbox"/> I need some support<br><input type="checkbox"/> I need lots of help with this |                                 |                    |
| Signing contracts and formal agreements                         | <input type="checkbox"/> I can do this alone<br><input type="checkbox"/> I need some support<br><input type="checkbox"/> I need lots of help with this |                                 |                    |
| Other:  | <input type="checkbox"/> I can do this alone<br><input type="checkbox"/> I need some support<br><input type="checkbox"/> I need lots of help with this |                                 |                    |
| <b>Education</b>  |  |                                 |                    |
| What classes I will take  | <input type="checkbox"/> I can do this alone<br><input type="checkbox"/> I need some support<br><input type="checkbox"/> I need lots of help with this |                                 |                    |
| What accommodations I need at school                            | <input type="checkbox"/> I can do this alone<br><input type="checkbox"/> I need some support<br><input type="checkbox"/> I need lots of help with this |                                 |                    |
| Deciding what college to attend or what to do after high school | <input type="checkbox"/> I can do this alone<br><input type="checkbox"/> I need some support<br><input type="checkbox"/> I need lots of help with this |                                 |                    |
| Other:  | <input type="checkbox"/> I can do this alone<br><input type="checkbox"/> I need some support<br><input type="checkbox"/> I need lots of help with this |                                 |                    |

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|---|--|---------------------------------|--------------------|
| <b>Work</b>   |  |                                 |                    |
| Choosing if I want to work  | <input type="checkbox"/> I can do this alone<br><input type="checkbox"/> I need some support<br><input type="checkbox"/> I need lots of help with this |                                 |                    |
| Understanding my work choices   | <input type="checkbox"/> I can do this alone<br><input type="checkbox"/> I need some support<br><input type="checkbox"/> I need lots of help with this |                                 |                    |
| Choosing classes or training I need to get a job I want, and taking these classes | <input type="checkbox"/> I can do this alone<br><input type="checkbox"/> I need some support<br><input type="checkbox"/> I need lots of help with this |                                 |                    |
| Applying for a job  | <input type="checkbox"/> I can do this alone<br><input type="checkbox"/> I need some support<br><input type="checkbox"/> I need lots of help with this |                                 |                    |
| Going to my job every work day  | <input type="checkbox"/> I can do this alone<br><input type="checkbox"/> I need some support<br><input type="checkbox"/> I need lots of help with this |                                 |                    |
| Knowing what accommodations I need at work and how to request them                | <input type="checkbox"/> I can do this alone<br><input type="checkbox"/> I need some support<br><input type="checkbox"/> I need lots of help with this |                                 |                    |
| Understanding the employee handbook or work policies                              | <input type="checkbox"/> I can do this alone<br><input type="checkbox"/> I need some support<br><input type="checkbox"/> I need lots of help with this |                                 |                    |
| Other:  | <input type="checkbox"/> I can do this alone<br><input type="checkbox"/> I need some support<br><input type="checkbox"/> I need lots of help with this |                                 |                    |

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|--|--|---------------------------------|--------------------|
| <b>Life Plan</b>   |  |                                 |                    |
| Choosing where I live  | <input type="checkbox"/> I can do this alone<br><input type="checkbox"/> I need some support<br><input type="checkbox"/> I need lots of help with this |                                 |                    |
| Choosing who I live with                                     | <input type="checkbox"/> I can do this alone<br><input type="checkbox"/> I need some support<br><input type="checkbox"/> I need lots of help with this |                                 |                    |
| Choosing what to do and who to see in my free time           | <input type="checkbox"/> I can do this alone<br><input type="checkbox"/> I need some support<br><input type="checkbox"/> I need lots of help with this |                                 |                    |
| Keeping my room or home clean                                | <input type="checkbox"/> I can do this alone<br><input type="checkbox"/> I need some support<br><input type="checkbox"/> I need lots of help with this |                                 |                    |
| Finding support services and hiring and firing support staff | <input type="checkbox"/> I can do this alone<br><input type="checkbox"/> I need some support<br><input type="checkbox"/> I need lots of help with this |                                 |                    |
| How to plan for an emergency                                 | <input type="checkbox"/> I can do this alone<br><input type="checkbox"/> I need some support<br><input type="checkbox"/> I need lots of help with this |                                 |                    |
| Other:   | <input type="checkbox"/> I can do this alone<br><input type="checkbox"/> I need some support<br><input type="checkbox"/> I need lots of help with this |                                 |                    |
| <b>Other</b>   |  |                                 |                    |
| Telling people what I want and don't want                    | <input type="checkbox"/> I can do this alone<br><input type="checkbox"/> I need some support<br><input type="checkbox"/> I need lots of help with this |                                 |                    |

|   | How much support do I need?  | What kind of support do I need? | Who could help me? |
|---|--|---------------------------------|--------------------|
| Telling people how I make choices   | <input type="checkbox"/> I can do this alone<br><input type="checkbox"/> I need some support<br><input type="checkbox"/> I need lots of help with this |                                 |                    |
| Making sure people understand what I am saying  | <input type="checkbox"/> I can do this alone<br><input type="checkbox"/> I need some support<br><input type="checkbox"/> I need lots of help with this |                                 |                    |
| Choosing what I wear  | <input type="checkbox"/> I can do this alone<br><input type="checkbox"/> I need some support<br><input type="checkbox"/> I need lots of help with this |                                 |                    |
| Getting dressed   | <input type="checkbox"/> I can do this alone<br><input type="checkbox"/> I need some support<br><input type="checkbox"/> I need lots of help with this |                                 |                    |
| Taking care of my personal hygiene (for example, showering, bathing, brushing teeth)          | <input type="checkbox"/> I can do this alone<br><input type="checkbox"/> I need some support<br><input type="checkbox"/> I need lots of help with this |                                 |                    |
| Choosing what to eat, and when to eat   | <input type="checkbox"/> I can do this alone<br><input type="checkbox"/> I need some support<br><input type="checkbox"/> I need lots of help with this |                                 |                    |
| Making safe choices around the house (for example, turning off the stove, having fire alarms) | <input type="checkbox"/> I can do this alone<br><input type="checkbox"/> I need some support<br><input type="checkbox"/> I need lots of help with this |                                 |                    |
| Understanding and getting help if I am being treated badly (abused or neglected)              | <input type="checkbox"/> I can do this alone<br><input type="checkbox"/> I need some support<br><input type="checkbox"/> I need lots of help with this |                                 |                    |

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|--|--|---------------------------------|--------------------|
| Making choices about alcohol and drugs   | <input type="checkbox"/> I can do this alone<br><input type="checkbox"/> I need some support<br><input type="checkbox"/> I need lots of help with this |                                 |                    |
| Choosing if I want to date, and who I want to date   | <input type="checkbox"/> I can do this alone<br><input type="checkbox"/> I need some support<br><input type="checkbox"/> I need lots of help with this |                                 |                    |
| Making choices about sex   | <input type="checkbox"/> I can do this alone<br><input type="checkbox"/> I need some support<br><input type="checkbox"/> I need lots of help with this |                                 |                    |
| Making choices about marriage  | <input type="checkbox"/> I can do this alone<br><input type="checkbox"/> I need some support<br><input type="checkbox"/> I need lots of help with this |                                 |                    |
| Traveling to places I go often (for example, getting to work, stores, friends' homes)      | <input type="checkbox"/> I can do this alone<br><input type="checkbox"/> I need some support<br><input type="checkbox"/> I need lots of help with this |                                 |                    |
| Traveling to places I do not go often (for example, doctor's appointments, special events) | <input type="checkbox"/> I can do this alone<br><input type="checkbox"/> I need some support<br><input type="checkbox"/> I need lots of help with this |                                 |                    |
| Choosing who to vote for and voting  | <input type="checkbox"/> I can do this alone<br><input type="checkbox"/> I need some support<br><input type="checkbox"/> I need lots of help with this |                                 |                    |
| Other:   | <input type="checkbox"/> I can do this alone<br><input type="checkbox"/> I need some support<br><input type="checkbox"/> I need lots of help with this |                                 |                    |

|        |  |  |  |
|--------|--|--|--|
| Other: | <input type="checkbox"/> I can do this alone<br><input type="checkbox"/> I need some support<br><input type="checkbox"/> I need lots of help with this |  |  |
|--------|--|--|--|

*Adapted from the ACLU, How to Make A Supported Decision Making Agreement*

How do I like to make decisions? (Check the one you feel most describes you.)

- I like to talk to my friends and family first.
- I like to research and gather information about my options before I make a choice.
- It is hard for me to make decisions. Sometimes I feel stuck.
- I like to make lists and think about the pros and cons first.
- I listen to my gut and follow my own feelings.
- I rely on the experiences of others to help me make choices.
- I am driven to a decision by my values and goals.

What worries you the most?

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What makes you feel the most happy?

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