

Support Assessment

Person completing this form: _____

Relationship to Person: _____

WHEN DOES THE PERSON NEED SUPPORT?

Check the boxes to say if the Person needs support in each area, though not every category may be applicable. You can use the information in this form to help you fill out a Supported Decision Making Agreement.

	How much support does Person need?	Notes and observations
Finances		
Paying the rent and bills on time (for example, cell phone, electricity, internet)	<input type="checkbox"/> Person can do this alone <input type="checkbox"/> Person needs some support <input type="checkbox"/> Person need lots of help with this	
Keeping a budget so Person knows how much money he/she can spend	<input type="checkbox"/> Person can do this alone <input type="checkbox"/> Person needs some support <input type="checkbox"/> Person need lots of help with this	
Making big decisions about money (for example, opening a bank account, signing a lease)	<input type="checkbox"/> Person can do this alone <input type="checkbox"/> Person needs some support <input type="checkbox"/> Person need lots of help with this	
Making sure no one is taking Person's money or using it for themselves	<input type="checkbox"/> Person can do this alone <input type="checkbox"/> Person needs some support <input type="checkbox"/> Person need lots of help with this	

	<p>How much support does Person need?</p>	<p>Notes and observations</p>
<p>Other:</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Person can do this alone <input type="checkbox"/> Person needs some support <input type="checkbox"/> Person need lots of help with this 	
<p>Health Care</p>		
<p>Choosing when to go to the doctor or the dentist</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Person can do this alone <input type="checkbox"/> Person needs some support <input type="checkbox"/> Person need lots of help with this 	
<p>Making medical choices in everyday situations (for example, check-up, medicine from the drug store)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Person can do this alone <input type="checkbox"/> Person needs some support <input type="checkbox"/> Person need lots of help with this 	
<p>Making medical choices in serious situations (for example, surgery, big injury)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Person can do this alone <input type="checkbox"/> Person needs some support <input type="checkbox"/> Person need lots of help with this 	
<p>Making medical choices in an emergency</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Person can do this alone <input type="checkbox"/> Person needs some support <input type="checkbox"/> Person need lots of help with this 	
<p>Understanding how health care costs are covered (for example, Medicaid, private insurance, etc.)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Person can do this alone <input type="checkbox"/> Person needs some support <input type="checkbox"/> Person need lots of help with this 	

	<p>How much support does Person need?</p>	<p>Notes and observations</p>
<p>Making choices about birth control or pregnancy</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Person can do this alone <input type="checkbox"/> Person needs some support <input type="checkbox"/> Person need lots of help with this 	
<p>Remembering to take medicine</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Person can do this alone <input type="checkbox"/> Person needs some support <input type="checkbox"/> Person need lots of help with this 	
<p>Other:</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Person can do this alone <input type="checkbox"/> Person needs some support <input type="checkbox"/> Person need lots of help with this 	
<p>Legal Matters</p>		
<p>Talking to an attorney if Person needs one</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Person can do this alone <input type="checkbox"/> Person needs some support <input type="checkbox"/> Person need lots of help with this 	
<p>Help understanding Person's rights</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Person can do this alone <input type="checkbox"/> Person needs some support <input type="checkbox"/> Person need lots of help with this 	
<p>Signing contracts and formal agreements</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Person can do this alone <input type="checkbox"/> Person needs some support <input type="checkbox"/> Person need lots of help with this 	

	<p>How much support does Person need?</p>	<p>Notes and observations</p>
<p>Other:</p>	<p><input type="checkbox"/> Person can do this alone <input type="checkbox"/> Person needs some support <input type="checkbox"/> Person need lots of help with this</p>	
<p>Education</p>		
<p>What classes Person will take</p>	<p><input type="checkbox"/> Person can do this alone <input type="checkbox"/> Person needs some support <input type="checkbox"/> Person need lots of help with this</p>	
<p>What accommodations Person needs at school</p>	<p><input type="checkbox"/> Person can do this alone <input type="checkbox"/> Person needs some support <input type="checkbox"/> Person need lots of help with this</p>	
<p>Deciding what college to attend or what to do after high school</p>	<p><input type="checkbox"/> Person can do this alone <input type="checkbox"/> Person needs some support <input type="checkbox"/> Person need lots of help with this</p>	
<p>Other:</p>	<p><input type="checkbox"/> Person can do this alone <input type="checkbox"/> Person needs some support <input type="checkbox"/> Person need lots of help with this</p>	
<p>Work</p>		
<p>Choosing if Person wants to work</p>	<p><input type="checkbox"/> Person can do this alone <input type="checkbox"/> Person needs some support <input type="checkbox"/> Person need lots of help with this</p>	

	<p>How much support does Person need?</p>	<p>Notes and observations</p>
<p>Understanding Person's work choices</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Person can do this alone <input type="checkbox"/> Person needs some support <input type="checkbox"/> Person need lots of help with this 	
<p>Choosing classes or training Person need to get a job he/she wants, and taking these classes</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Person can do this alone <input type="checkbox"/> Person needs some support <input type="checkbox"/> Person need lots of help with this 	
<p>Applying for a job</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Person can do this alone <input type="checkbox"/> Person needs some support <input type="checkbox"/> Person need lots of help with this 	
<p>Going to Person's job every work day</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Person can do this alone <input type="checkbox"/> Person needs some support <input type="checkbox"/> Person need lots of help with this 	
<p>Knowing what accommodations Person needs at work and how to request them</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Person can do this alone <input type="checkbox"/> Person needs some support <input type="checkbox"/> Person need lots of help with this 	
<p>Understanding the employee handbook or work policies</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Person can do this alone <input type="checkbox"/> Person needs some support <input type="checkbox"/> Person need lots of help with this 	

	<p>How much support does Person need?</p>	<p>Notes and observations</p>
<p>Other:</p>	<p><input type="checkbox"/> Person can do this alone <input type="checkbox"/> Person needs some support <input type="checkbox"/> Person need lots of help with this</p>	
<p>Life Plan</p>		
<p>Choosing where Person lives</p>	<p><input type="checkbox"/> Person can do this alone <input type="checkbox"/> Person needs some support <input type="checkbox"/> Person need lots of help with this</p>	
<p>Choosing who Person lives with</p>	<p><input type="checkbox"/> Person can do this alone <input type="checkbox"/> Person needs some support <input type="checkbox"/> Person need lots of help with this</p>	
<p>Choosing what to do and who to see in Person's free time</p>	<p><input type="checkbox"/> Person can do this alone <input type="checkbox"/> Person needs some support <input type="checkbox"/> Person need lots of help with this</p>	
<p>Keeping Person's room or home clean</p>	<p><input type="checkbox"/> Person can do this alone <input type="checkbox"/> Person needs some support <input type="checkbox"/> Person need lots of help with this</p>	
<p>Finding support services and hiring and firing support staff</p>	<p><input type="checkbox"/> Person can do this alone <input type="checkbox"/> Person needs some support <input type="checkbox"/> Person need lots of help with this</p>	

	<p>How much support does Person need?</p>	<p>Notes and observations</p>
<p>How to plan for an emergency</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Person can do this alone <input type="checkbox"/> Person needs some support <input type="checkbox"/> Person need lots of help with this 	
<p>Other:</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Person can do this alone <input type="checkbox"/> Person needs some support <input type="checkbox"/> Person need lots of help with this 	
<p>Other</p>		
<p>Telling people what Person wants and doesn't want</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Person can do this alone <input type="checkbox"/> Person needs some support <input type="checkbox"/> Person need lots of help with this 	
<p>Telling people how Person makes choices</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Person can do this alone <input type="checkbox"/> Person needs some support <input type="checkbox"/> Person need lots of help with this 	
<p>Making sure people understand what Person is saying</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Person can do this alone <input type="checkbox"/> Person needs some support <input type="checkbox"/> Person need lots of help with this 	
<p>Choosing what Person wears</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Person can do this alone <input type="checkbox"/> Person needs some support <input type="checkbox"/> Person need lots of help with this 	

	<p>How much support does Person need?</p>	<p>Notes and observations</p>
<p>Getting dressed</p>	<p><input type="checkbox"/> Person can do this alone <input type="checkbox"/> Person needs some support <input type="checkbox"/> Person need lots of help with this</p>	
<p>Taking care of Person's personal hygiene (for example, showering, bathing, brushing teeth)</p>	<p><input type="checkbox"/> Person can do this alone <input type="checkbox"/> Person needs some support <input type="checkbox"/> Person need lots of help with this</p>	
<p>Choosing what to eat, and when to eat</p>	<p><input type="checkbox"/> Person can do this alone <input type="checkbox"/> Person needs some support <input type="checkbox"/> Person need lots of help with this</p>	
<p>Making safe choices around the house (for example, turning off the stove, having fire alarms)</p>	<p><input type="checkbox"/> Person can do this alone <input type="checkbox"/> Person needs some support <input type="checkbox"/> Person need lots of help with this</p>	
<p>Understanding and getting help if Person is being treated badly (abused or neglected)</p>	<p><input type="checkbox"/> Person can do this alone <input type="checkbox"/> Person needs some support <input type="checkbox"/> Person need lots of help with this</p>	
<p>Making choices about alcohol and drugs</p>	<p><input type="checkbox"/> Person can do this alone <input type="checkbox"/> Person needs some support <input type="checkbox"/> Person need lots of help with this</p>	

	<p>How much support does Person need?</p>	<p>Notes and observations</p>
<p>Choosing if Person wants to date, and who Person wants to date</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Person can do this alone <input type="checkbox"/> Person needs some support <input type="checkbox"/> Person need lots of help with this 	
<p>Making choices about sex</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Person can do this alone <input type="checkbox"/> Person needs some support <input type="checkbox"/> Person need lots of help with this 	
<p>Making choices about marriage</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Person can do this alone <input type="checkbox"/> Person needs some support <input type="checkbox"/> Person need lots of help with this 	
<p>Traveling to places Person goes often (for example, getting to work, stores, friends' homes)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Person can do this alone <input type="checkbox"/> Person needs some support <input type="checkbox"/> Person need lots of help with this 	
<p>Traveling to places Person does not go often (for example, doctor's appointments, special events)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Person can do this alone <input type="checkbox"/> Person needs some support <input type="checkbox"/> Person need lots of help with this 	
<p>Choosing who to vote for and voting</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Person can do this alone <input type="checkbox"/> Person needs some support <input type="checkbox"/> Person need lots of help with this 	

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<p>Other:</p>	<p><input type="checkbox"/> Person can do this alone <input type="checkbox"/> Person needs some support <input type="checkbox"/> Person need lots of help with this</p>	
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Adapted from the ACLU, How to Make A Supported Decision Making Agreement

What worries you the most about Person's care?

What are you most proud of about this Person?

Who are some adults in this Person's life who would be supportive of their independence and self-determination?

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____