ANOTHER WAY
Intro to Less Restrictive Options for Families

https://www.youtube.com/watch?v=_YDHg0IPN-8&t=5s
Guardianship!

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First, guardianship is the legal removal of a person’s right to make decisions about their life.

And second, because of the very serious nature of this, guardianship is intended to be the last resort after other less-restrictive options have been tried.

You should also know that once guardianship is established, it can be really difficult to reverse.

None of this means that guardianship should never be used, or that someone is somehow bad for getting guardianship of a loved one. What we’re trying to do is help people understand all of the other ways to support others to learn and practice decision-making skills, and there are many of them. Because what we know is that people who have more self-determination, more control over their lives and their decisions, well they have better life outcomes.
THE MORE YOU KNOW
We know that people with more **self-determination**, more control over their lives, live more independently, have more financial independence, and have better jobs that pay more. And all of that sounds good, but there’s more. People with more self-determination are more likely to be included in their communities, spend time with friends, go on dates, have more privacy, and be able to practice their religion. They’re also more likely to just have their rights respected. And then often the most surprising one – people with more self-determination are better able to identify and resist abuse and exploitation. Yeah, so that’s pretty big.
And then we also know some things about people who don’t get to make their own decisions or have less self-determination, like...they might not develop decision-making skills. They also might not be included in decisions that affect them as they get older (think about that, medical decisions, living arrangements, even things as basic as food and clothing). And over time people who don’t get to make their own decisions can become passive and develop low self-esteem, which can affect their physical and mental wellbeing.
YOUR DOCTOR SAYS YOU NEED SURGERY. WHAT DO YOU DO?

A Make a Pros/Cons list
B Talk to someone who had the surgery before
C Get a second opinion
D Just get the surgery
Areas and Types of Support

(1.) __________________________ (names of 1 or more supporters) will provide me with support in the area of __________________________.

S/he will provide me the following kinds of support (check only the kinds of support the Decision-Maker wants):

☐ Gathering information;
☐ Helping me to understand information;
☐ Identifying possibilities and alternatives;
☐ Helping me weigh my options;
☐ Helping me to understand consequences;
☐ Communicating my decisions to others;
☐ Helping me to carry out my decisions;
☐ Other: __________________________.

(2.) __________________________ (names of 1 or more supporters) will provide me with support in the area of __________________________.

S/he will provide me the following kinds of support (check only the kinds of support the Decision-Maker wants):

☐ Gathering information;
☐ Helping me to understand information;
☐ Identifying possibilities and alternatives;
☐ Helping me weigh my options;
☐ Helping me to understand consequences;
☐ Communicating my decisions to others;
☐ Helping me to carry out my decisions;
☐ Other: __________________________.

Attestation and Signature of Supporters

I, __________________________ (name of supporter), have read and understand this Agreement. I agree to provide support in accordance with this Agreement and not act as a substitute Decision-Maker. In that role, I agree to avoid conflicts of interest and not to exert undue influence.

_________________________  __________________
Signature of Supporter          Date

I, __________________________ (name of supporter), have read and understand this Agreement. I agree to provide support in accordance with this Agreement and not act as a substitute Decision-Maker. In that role, I agree to avoid conflicts of interest and not to exert undue influence.

_________________________  __________________
Signature of Supporter          Date

I, __________________________ (name of supporter), have read and understand this Agreement. I agree to provide support in accordance with this Agreement and not act as a substitute Decision-Maker. In that role, I agree to avoid conflicts of interest and not to exert undue influence.

_________________________  __________________
Signature of Supporter          Date

Add more pages as needed.
Supported Decision-Making Agreement

This is the Supported Decision-Making Agreement of:

Name: ___________________ DOB: ______________
Address: ___________________
Phone: ___________________

This Agreement is used for the appointment of supporters to help me make my own decisions. This Agreement is effective because I am at least 18 years of age and am able to understand the nature and effect of this Agreement.

I want to have people I trust help me make decisions. The people who will help me are called supporters.

My supporters are not allowed to make choices for me. I will make my own choices, with support. I am called the Decision-Maker.

This Agreement can be changed at any time. I can change it by crossing out words and writing my initials next to the changes. Or, I can change it by writing new information on another piece of paper, signing that paper, and attaching it to this Agreement.

Designation of Supporters

I, ___________________ (Decision-Maker), choose the following people as my supporters:

Supporter #1:
Name: ___________________ DOB: ______________
Address: ___________________
Phone: ___________________

Supporter #2:
Name: ___________________ DOB: ______________
Address: ___________________
Phone: ___________________

Supporter #3:
Name: ___________________ DOB: ______________
Address: ___________________
Phone: ___________________

Supporter #4:
Name: ___________________ DOB: ______________
Address: ___________________
Phone: ___________________

Add more pages as needed.
Questions?

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