

## DECISION-MAKING CHECKLIST: ASSESSING A PERSON'S NEED FOR SUPPORT

Name of Individual: \_\_\_\_\_

Name of person completing this form: \_\_\_\_\_

Relationship to individual: \_\_\_\_\_

How long have you known the individual? \_\_\_\_\_

<p>This checklist is a tool designed to assist with identifying a person's ability to make decisions and manage key areas of the individual's life. It is intended to assist with exploring alternatives and less restrictive alternatives to plenary or full guardianship.</p>	<b>LEAST RESTRICTIVE:</b>  Individual Makes <b>OWN</b> Decisions	Individual Can Make Decisions with Appropriate <b>SUPPORT</b>	<b>MOST RESTRICTIVE:</b>  Individual <b>CANNOT</b> Make Own Decisions Even With Support
	If the answer is <b>"YES"</b> , place a $\checkmark$ in the box.  If the answer is <b>"NO"</b> , go to next column. →	If the answer is <b>"YES"</b> , write what support is needed/available.  If the answer is <b>"NO"</b> , go to next column. →	If the answer is <b>"YES"</b> , place a $\checkmark$ in the box.

### EMPLOYMENT

Can the person make and communicate choices in regard to employment?			
Can the person look for, find, and maintain a job ( <i>go to employment agency, respond to ads, appropriately work and communicate with co-workers and the public while on the job</i> )?			

### MONEY MANAGEMENT

Is the person able to manage their money ( <i>i.e. meet financial commitments, pay bills, maintain a bank account</i> )?			
Is the person able to manage the monetary benefits he or she is supposed to receive?			
Is the person able to identify and resist financial exploitation?			

<p>If the answer is <b>“YES”</b> place a ✓ in the box.</p> <p>If the answer is <b>“NO”</b>, go to next column. →</p>	<p>If the answer is <b>“YES”</b>, write what support is needed/available.</p> <p>If the answer is <b>“NO”</b>, go to next column. →</p>	<p>If the answer is <b>“YES”</b>, place a ✓ in the box.</p>
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<b>HEALTH &amp; NUTRITION</b>			
Does the person make decisions about where, when, & what to eat?			
Can the person follow a prescribed diet and/or take medicines as directed?			
Does the person understand the need to maintain personal hygiene and dental care?			
Can the person make and communicate decisions regarding medical treatment, including understanding the consequences of not accepting treatment?			
Does the person understand health consequences associated with high-risk behaviors ( <i>substance abuse, overeating, high-risk sexual activities, etc.</i> )?			
Can the person alert others and seek medical help for serious health problems?			

<b>RELATIONSHIPS</b>			
Does the person understand and practice appropriate relationship behaviors with family, friends, co-workers, intimate partners, etc. ( <i>how we talk to and touch others</i> )?			
Is the person able to make appropriate decisions concerning marriage and intimate relationships?			
Does the person understand consent and permission in regards to sexual relationships?			

<b>PERSONAL SAFETY</b>			
Does the person understand and avoid common environmental dangers ( <i>traffic, sharp objects, hot stove, poisonous products, etc.</i> )?			
Is the person able to recognize when someone is taking advantage of them, hurting them, or abusing them (physical, sexual, emotional) and protect themselves?			
Does the person know who to contact if they are in danger, being exploited, or being treated unfairly?			

<p>If the answer is <b>“YES”</b> place a ✓ in the box.</p> <p>If the answer is <b>“NO”</b>, go to next column. →</p>	<p>If the answer is <b>“YES”</b>, write what support is needed/available.</p> <p>If the answer is <b>“NO”</b>, go to next column. →</p>	<p>If the answer is <b>“YES”</b>, place a ✓ in the box.</p>
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<b>COMMUNITY LIVING</b>			
Is the person able to be on their own without risk of serious harm or injury to themselves?			
Does the person understand what is involved with managing a home that is safe ( <i>home maintenance, sanitary conditions, secure, etc.</i> )?			
Is the person able to access community resources critical to functioning successfully and safely in community settings ( <i>post office, transportation, bank, grocery store, emergency services, church, etc.</i> )?			

<b>PERSONAL DECISION-MAKING</b>			
Is the person able to understand and communicate consent and/or permissions regarding legal documents ( <i>i.e. contracts, powers of attorney</i> ) or service ( <i>i.e. legal counsel, advocacy services</i> )?			
Is the person able to identify someone they want to represent their interests and support them with decision making?			
Does the person demonstrate the ability to vote?			
Does the person understand consequences of making decisions that will result in them committing a crime?			

<b>DETERMINING &amp; DIRECTING SERVICES and SUPPORTS</b>			
Is the person able to decide and direct what kind of support they need or want and select who provides those supports?			
Is the person able to communicate approval to share information with parents, family members, and friends who are not legal guardians?			