



Alternative to Guardianship

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- Montana is an Independent Rights State
 - Constitution of Montana -- Article II -- DECLARATION OF RIGHTS
 - Section 4. Individual dignity. The dignity of the human being is inviolable. No person shall be denied the equal protection of the laws.
 - 2008 “It’s Not All or Nothing, Customized Options to Maximize Independence”
 - Collaboration between: Rural Institute for Inclusive Communities, Parent’s Let’s Unite for Kids, and Disability Rights Montana
 - Based upon the work of Marsha Katz, Rural Institute

Supported Decision Making Jonathan Martinis

National Resource Center for Supported Decision-Making
EVERYONE has the Right To Make Choices

Stories of Supported Decision-Making Share Your Story

JOIN
Supported
Decision-
Making
Interactive!

ABOUT IN YOUR STATE LIBRARY EDUCATION WEBINARS/PRESENTATIONS CONTACT US

Supported Decision-Making In Your State

WELCOME TO THE NATIONAL RESOURCE CENTER FOR SUPPORTED DECISION-MAKING

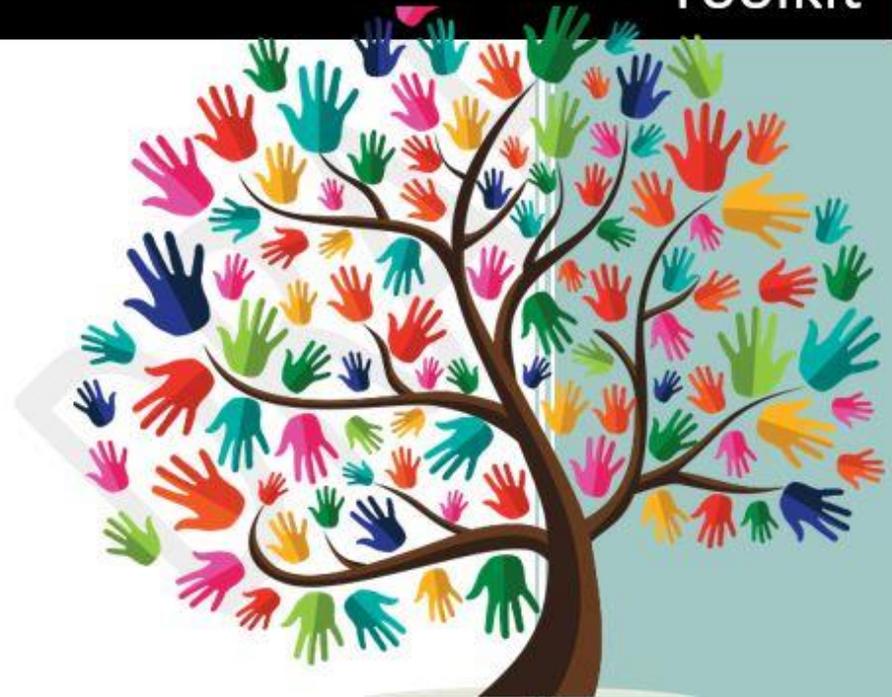
Here, you'll find information about the **Right to Make Choices** – the right we **all** have to make our own decisions and direct our own lives.

Where are we now?

Education on Options and
Alternatives available around
Guardianship in Montana

2017

Alternatives to Guardianship Toolkit



- Are Families and Individuals Aware They Have Options?
- What Are Alternatives to Guardianship?
- Why Alternatives to Guardianship?
- When Do We Begin?



Preparing for the “Nexts” in Live

- Getting to Know the Individual Being Supported
 - Skills-Strengths
 - Concerns-Fears
- Growth
 - Growth Clause- Jonathan Martinis
- PRACTICAL Tool
 - [Http://www.americanbar.org/groups/law_aging/resources/guardianship_law_practice/practical_tool.html](http://www.americanbar.org/groups/law_aging/resources/guardianship_law_practice/practical_tool.html)

Supported Decision Making; What is it?

- Supported Decision Making is an alternative to Guardianship. Supported Decision making is process rooted in the belief that all people have the right to make choices and decisions about their own lives. Although as a tool it is not specific to one form or one recognized process, it is key that the individual directly impacted by the choice or decision is enabled based upon their needs, wants and preferences.
- In Supported Decision Making, individuals use people of their choosing, such as friends, a family member or professional, to assist them in understanding information, the impact of choices, and what option needs to be considered in making a decision.

Supported Decision-Making Teams: Setting the Wheels in Motion
<http://www.supporteddecisionmaking.org/sites/default/files/Supported-Decision-Making-Teams-Setting-the-Wheels-in-Motion.pdf>

Education

- Nothing added or Done
 - Educational Advocacy Form
 - Educational Power of Attorney
 - Limited Guardianship-Education
- Post Secondary Education





CONSENT TO AUTHORIZE ADVOCACY AND
RELEASE OF INFORMATION

I, (full name), hereby authorize (X) School District to release and exchange information with my advocate, (full name), which pertains to my school program and placement. I am also requesting that my advocate be invited to any and all meetings about me, and I do not want any decisions made without (his/her) input. I do not wish to discuss issues or concerns about my school day or program without my advocate present. If the school or district has any documents I need to sign, my advocate must sign first with me present, before I will sign. This authorization, unless otherwise revoked by me, will remain in effect for the durations of the time I receive special education services and until my twenty-fifth birthday. My advocate has read through this paper with me prior to my signing to make sure I understood and want this agreement.

(Full legal Name)

Medical

- Nothing Added
- Supported Decision Making; Assistive Technology; Designated Caregiver
 - HIPPA Release with Supported Decision Making
 - Medical Advocacy Form
 - Medical Power of Attorney
 - Advanced Directives; Montana Mental Health Advanced Directives



DESIGNATION FOR PATIENT ADVOCATE FOR CARE, CUSTODY, AND MEDICAL TREATMENT DECISIONS

I am (full name) and I live at (street address) in (City), (State). I want (full name of advocate), my advocate, to help me if I am sick and if I need to go to the doctor.

My advocate read this paper to me before I signed the paper and I understood what they told me about this paper.

If I am sick, my advocate should take me to the doctor. If (he/she) is not at my house when I become sick, please call (her/him) at (contact #) to go the doctor's office. I would like the doctor to talk to (her/him) about what is the matter with me.

I would like the doctor to ask my advocate what we have decided the doctor should do. I would like the doctor to do what the advocate tells the doctor to do in regards to my treatment.

Sometimes a doctor says that I need to have a shot or some other care. Sometime the doctor says I need to take pills or medicine. My advocate and I will talk about it and decide if I should have the shot, or take a pill, or some other medicine. My advocate will also help me decide what other care I should have, but (she/he) will talk to me about what care I need.

If I am very sick, I might need to go to a hospital. My advocate will help me decide if I need to go to the hospital. I would like all the people at the hospital to speak with my advocate and myself about what the people at the hospital should do for me. I would like my advocate to assist me to decide about my care at the hospital even if I am unable to understand what the doctor says about me. This is very important since I want the people at the hospital to try very hard to care for me if I am sick. If I need to have an operation because am very sick, I would like to have the people at the hospital talk to my advocate. My advocate will say "yes" or "no" and that is what the people at the hospital are to do.

I would like my advocate to be considered my designated lay caregiver in agreement with Title 50, Chapter 5.

I understand that I want my advocate to help decide what care I need, and I want people to listen to (her/him) about my care.

If my advocate is not happy with my doctor, then (she/he) is able to get another doctor to take care of me.

(Full Legal Name)

Financial

- Financial Literacy
- Opportunity to earn money; choice
- Minimal Support; SDM, cards
 - Additional support; Joint signature
 - Representative Payee
 - Financial Power of Attorney
 - Trusts
 - Conservatorship



1 2 3 4 5 6 7 8 9 10



If time allows:

- ABLE Accounts- That's another session
- Power of Attorney
- Notarizing, Sharing of Forms
- Respect
- End of Life Decisions
- Undoing Guardianship



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