Florida's Working Interdisciplinary Network of Guardianship Stakeholders

Exploring My Decision-Making Abilities

Name of Individual: _____ _____ Date Completed: _____	Name of person completing this form (if not individual): _____ _____ Relationship to individual (circle one): Self ____ Family ____ Friend ____ Guardian ____ Other: _____ How long have you known the individual? _____

For each question below, mark the level of support you think you need when making and communicating decisions and choices. For general information about the various decision-making options available under Florida law, refer to pages 1 - 6 of the Overview of Decision-Making Options. For more detailed information, refer to Lighting the Way to Guardianship and Other Decision-Making Alternatives (*https://www.fddc.org/sites/default/files/LTW_FamilyManual2017%20-%201.pdf*).

DETERMINE IF ANY SUPPORTS ARE NEEDED	I CAN DECIDE WITHOUT SUPPORT	I NEED SUPPORT TO DECIDE	I NEED SOMEONE TO DECIDE FOR ME
SELF-ADVOCACY			
Can I express my own choices and preferences?			
Can I ask my family, friends or circle of support for help?			
Can I receive services that provide support?			
Can I communicate approval to share information with family members, and friends who are not legal guardians?			
Can I plan what my day looks like?			
Can I understand and communicate permissions regarding legal documents like a basic phone or Internet contracts or power of attorney?			
Can I choose someone I want to support me with making my own decisions if needed?			
Can I pick someone to make decisions on my behalf if I cannot do it myself?			
Can I understand my right to vote?			
EMPLOYMENT			
Can I choose a job or identify volunteer work I'd like to do?			
Can I apply for and find a job or volunteer work?			
Can I seek accommodations if needed for a job or volunteer work?			
MONEY MANAGEMENT			
Can I manage my money?			
Can I apply for benefits I am eligible to receive?			
Can I make everyday purchases?			
Can I pay bills on time?			
Can I tell if someone is taking my money and not using it in my best interest?			

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DETERMINE IF ANY SUPPORTS ARE NEEDED	I CAN DECIDE WITHOUT SUPPORT	I NEED SUPPORT TO DECIDE	I NEED SOMEONE TO DECIDE FOR ME
HEALTH CARE MANAGEMENT			
Can I make decisions about where, when, and what to eat?			
Can I take medicines as directed?			
Can I understand the need to maintain personal hygiene and dental care?			
Can I make and communicate decisions regarding medical treatment, including the consequences of not accepting treatment?			
Can I understand health consequences associated with high risk behaviors (such as drug and alcohol abuse, tobacco use, unprotected sex, etc.)?			
Can I alert others and seek medical help for serious health problems?			
Can I make my medical appointments (such as doctor, dentist or therapist?)			
Can I make an advance directive (for example, identify wishes regarding life-prolonging procedures, such as CPR or artificial feeding)?			
Can I make medical choices in urgent care situations or in an emergency?			
Can I explain what my medications are for?			
Can I make choices about drugs or alcohol?			
RELATIONSHIPS			
Can I understand the need to consent to sex?			
Can I choose where and when (and if) I want to practice my faith?			
Can I make choices about what to do and who to spend time with?			
Can I understand that how I talk with and touch others depend on the type of relationship I have with them, such as family, friends, co-workers, support staff, boyfriend/girlfriend?			
PERSONAL SAFETY			
Can I avoid common dangers like traffic, sharp objects, hot stoves, or poisonous products?			
Can I recognize when someone is taking advantage of me, hurting me or abusing me?			
Can I protect myself or seek assistance in protecting myself?			
Can I know who to contact if I am in danger, being exploited, or being treated fairly?			
Can I make emergency preparation plans?			
SOCIAL AND COMMUNITY LIVING			
Can I access community resources like church or a local recreational center?			
Can I understand what is involved with maintaining a home that is safe?			
Can I understand and make choices about the supports I want or need?			
Can I understand how to follow the law and how not to break the law?			

CONGRATULATIONS!

You have taken quality time to thoroughly consider your abilities and potential needs for decision-making assistance. Since abilities change over time, you may want to revisit this chart periodically. The decision-making options provided are not legal advice. You have the choice to seek a Florida attorney for legal advice about any of the options described.