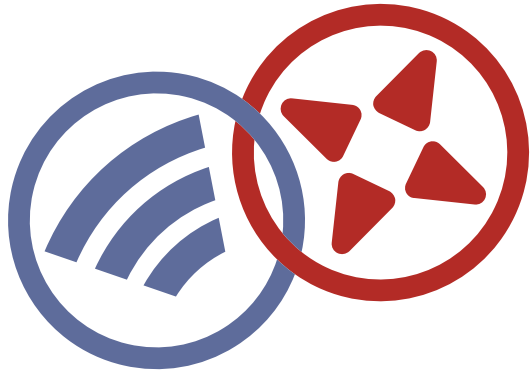


# CENTER ON YOUTH VOICE YOUTH CHOICE



## Week 7 More Guardianship Alternatives

# YOUTH AMBASSADOR CURRICULUM

## WEEK 7: MORE GUARDIANSHIP ALTERNATIVES

CENTER ON  
YOUTH VOICE  
YOUTH CHOICE

### ALTERNATIVES TO GUARDIANSHIP

**POWER OF ATTORNEY**

I NEED SOME SUPPORT... BUT I DON'T WANT TO BE UNDER GUARDIANSHIP... DO I HAVE OTHER OPTIONS?

OH, YES! LET'S TALK ABOUT THEM!

COMMUNICATES YOUR HEALTHCARE GOALS & WISHES IF YOU'RE UNABLE TO

YOU CAN NAME A HEALTHCARE AGENT TO MAKE HEALTHCARE DECISIONS FOR YOU

**ADVANCE DIRECTIVE**

IF SOMETHING WERE TO HAPPEN, I WANT MY VOICE & MY CHOICE REPRESENTED... WHO DO I TRUST TO SPEAK UP ON MY BEHALF?

**REPRESENTATIVE PAYEE**

A LEGAL DOCUMENT AN ADULT CAN VOLUNTARILY SIGN

GIVES ANOTHER ADULT LEGAL AUTHORITY TO ACT FOR THEM

SELECTED TO ACCEPT DISABILITY OR SOCIAL SECURITY PAYMENTS FOR SOMEONE

THEY'RE RESPONSIBLE FOR MAKING SURE THE PERSON HAS WHAT THEY NEED

HOUSING  
CLOTHING  
FOOD

YOU CAN GIVE AS LITTLE OR AS MUCH POWER AS YOU WANT... YOU CAN ALSO TAKE IT AWAY AT ANY TIME

THIS POWER IS USUALLY LIMITED TO A SPECIFIC CIRCUMSTANCE OR TASK

YOU CAN NAME A HEALTHCARE AGENT TO MAKE HEALTHCARE DECISIONS FOR YOU

IF SOMETHING WERE TO HAPPEN, I WANT MY VOICE & MY CHOICE REPRESENTED... WHO DO I TRUST TO SPEAK UP ON MY BEHALF?

HOUSING  
CLOTHING  
FOOD

GA

Artwork courtesy of Gabby Melnick with Sangha Unity Network

ICE BREAKER



# Learning Objectives

01

Understand  
different types of  
guardianship  
alternatives

02

Learn about what  
different types of  
guardianship  
alternatives do and  
don't do

03

Learn some pros  
and cons about  
different types of  
guardianship  
alternatives

Words/Phrases of the week

**Representative Payee**

**Advance Directive**

**Power of Attorney**



## Representative Payee


A person who is selected to accept disability or Social Security payments for someone unable to manage their own benefits.





## Advance Directive

A written or oral, said out loud, statement that allows you to share your goals and wishes for health care if you were not able to express them yourself.





# Power of Attorney

A legal document that you agree to make someone sign legal and financial matters for you.





# State Specific Information



Why are we  
talking about  
alternatives  
to  
guardianship  
today??

- Being a decision-maker is important!
- When others make decisions for you, it may not be what you want
- People may underestimate you and your decision-making based on your disability
- You have the right and the ability to make decisions about your own life
- It's ok to get help and advice when making decisions – we all do!
- This is why we are learning about **ALTERNATIVES** to guardianship.

# Alternatives to guardianship

 **Supported Decision-Making**



**Representative Payee**



**Advance Directive**



**Power of Attorney**



There are many tools in the alternatives to guardianship toolbox!

# Representative payee

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Reshma



# Representative Payee



**WHAT IS IT FOR?**



**WHO'S INVOLVED?**



**WHY WOULD  
SOMEONE HAVE IT?**

# EXAMPLE

Form <b>SSA-1696</b> (08-2020) UF Discontinue Prior Editions Social Security Administration		Page 3 of 6 OMB No. 0960-0527	
Claimant's Social Security Number		Appointed Representative's Rep ID	
[ ][ ][ ] - [ ][ ] - [ ][ ][ ][ ][ ]		[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]	
<b>Claimant's Appointment of a Representative</b>			
<b>Section 1 - Claimant's Information</b>			
First Name		Initial	Last Name
Mailing Address			
City		State	ZIP/Postal Code Country - if outside the U.S.
Phone Number		Alternate Phone Number (Optional)	
Country/Area Code	Phone Number	Country/Area Code	Phone Number
<b>Number Holder's Information</b> <i>(Complete when applicable)</i>			
My claim is based on another person's work or earnings (e.g., spouse or parent). This person's information is different from mine.			
<b>Number Holder's Social Security Number</b>			
[ ][ ][ ] - [ ][ ] - [ ][ ][ ][ ][ ]			
First Name		Initial	Last Name
<b>Section 2 - Disclosure</b> <i>(Claimant Only)</i>			
<input type="checkbox"/> By selecting this box, I, the claimant listed in Section 1, whose signature appears in Section 8, authorize SSA to release information in relation to my pending claim(s) or asserted right(s) to designated associates who perform administrative duties (e.g., clerks, assistants), partners, or parties under contractual arrangements for or with my representative. <i>(The appointed representative's partners, associates, delegates and designees must be prepared to provide information in order to be authenticated.)</i>			

# Sarah's Story



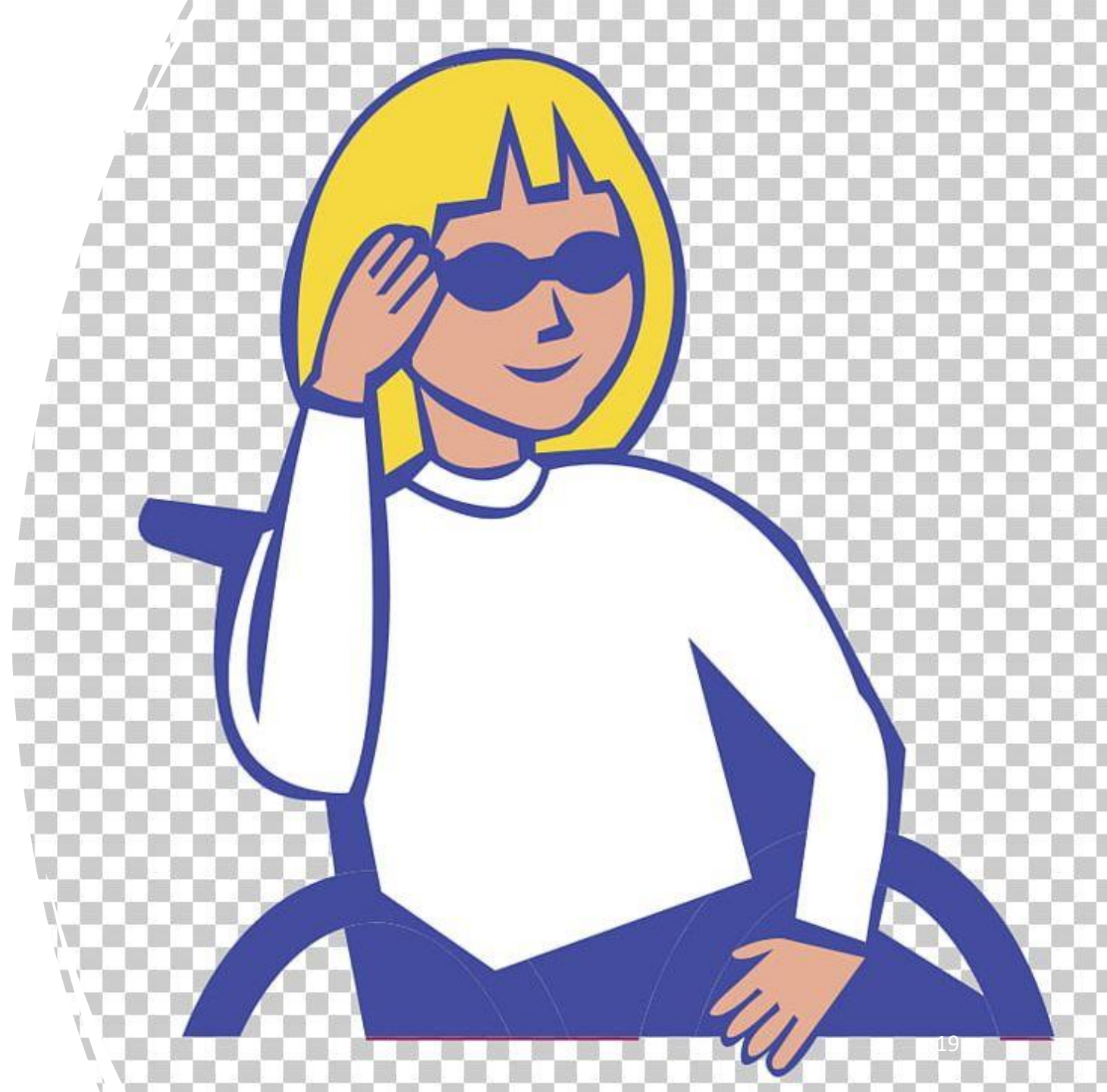
# Advance directive

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Adrienne

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# Advance Directive



WHAT DOES IT DO?



WHO'S INVOLVED?



WHY WOULD SOMEONE  
HAVE IT?

# EXAMPLE

ADVANCE HEALTH CARE DIRECTIVE  
(California Probate Code Section 4701)  
Explanation

You have the right to give instructions about your own health care. You also have the right to name someone else to make health care decisions for you. This form lets you do either or both of these things. It also lets you express your wishes regarding donation of organs and the designation of your primary physician. If you use this form, you may complete or modify all or any part of it. You are free to use a different form.

Part 1 of this form is a power of attorney for health care. Part 1 lets you name another individual as agent to make health care decisions for you if you become incapable of making your own decisions or if you want someone else to make those decisions for you now even though you are still capable. You may also name an alternate agent to act for you if your first choice is not willing, able, or reasonably available to make decisions for you. (Your agent may not be an operator or employee of a community care facility or a residential care facility where you are receiving care, or your supervising health care provider or employee of the health care institution where you are receiving care, unless your agent is related to you or is a coworker.)

Unless the form you sign limits the authority of your agent, your agent may make all health care decisions for you. This form has a place for you to limit the authority of your agent. You need not limit the authority of your agent if you wish to rely on your agent for all health care decisions that may have to be made. If you choose not to limit the authority of your agent, your agent will have the right to:

- (a) Consent or refuse consent to any care, treatment, service, or procedure to maintain, diagnose, or otherwise affect a physical or mental condition.
- (b) Select or discharge health care providers and institutions.
- (c) Approve or disapprove diagnostic tests, surgical procedures, and programs of medication.
- (d) Direct the provision, withholding, or withdrawal of artificial nutrition and hydration and all other forms of health care, including cardiopulmonary resuscitation.
- (e) Donate your organs, tissues, and parts, authorize an autopsy, and direct disposition of remains.

Part 2 of this form lets you give specific instructions about any aspect of your health care, whether or not you appoint an agent. Choices are provided for you to express your wishes regarding the provision, withholding, or withdrawal of treatment to



Power of  
attorney

Paolo





**What IS IT  
FOR?**



**Who's  
involved?**



**Why would  
someone have  
it?**

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# Power of Attorney

# EXAMPLE

## STATUTORY DURABLE POWER OF ATTORNEY

NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE EXPLAINED IN THE DURABLE POWER OF ATTORNEY ACT, SUBTITLE P, TITLE 2, ESTATES CODE. IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL AND OTHER HEALTH-CARE DECISIONS FOR YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO. IF YOU WANT YOUR AGENT TO HAVE THE AUTHORITY TO SIGN HOME EQUITY LOAN DOCUMENTS ON YOUR BEHALF, THIS POWER OF ATTORNEY MUST BE SIGNED BY YOU AT THE OFFICE OF THE LENDER, AN ATTORNEY AT LAW, OR A TITLE COMPANY.

You should select someone you trust to serve as your agent. Unless you specify otherwise, generally the agent's authority will continue until:

- (1) you die or revoke the power of attorney;
- (2) your agent resigns, is removed by court order, or is unable to act for you; or
- (3) a guardian is appointed for your estate.

I, \_\_\_\_\_ (insert your name and address), appoint  
\_\_\_\_\_ (insert the name and address of the person appointed) as my agent to act for me in any lawful way with respect to all of the following powers that I have initialed below. (YOU MAY APPOINT CO-AGENTS. UNLESS YOU PROVIDE OTHERWISE, CO-AGENTS MAY ACT INDEPENDENTLY.)

TO GRANT ALL OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF (O) AND IGNORE THE LINES IN FRONT OF THE OTHER POWERS LISTED IN (A) THROUGH (N).

TO GRANT A POWER, YOU MUST INITIAL THE LINE IN FRONT OF THE POWER YOU ARE GRANTING.

TO WITHHOLD A POWER, DO NOT INITIAL THE LINE IN FRONT OF THE POWER. YOU MAY, BUT DO NOT NEED TO, CROSS OUT EACH POWER WITHHELD.

- \_\_\_\_ (A) Real property transactions;
- \_\_\_\_ (B) Tangible personal property transactions;
- \_\_\_\_ (C) Stock and bond transactions;
- \_\_\_\_ (D) Commodity and option transactions;
- \_\_\_\_ (E) Banking and other financial institution transactions;
- \_\_\_\_ (F) Business operating transactions;
- \_\_\_\_ (G) Insurance and annuity transactions;
- \_\_\_\_ (H) Estate, trust, and other beneficiary transactions;
- \_\_\_\_ (I) Claims and litigation;
- \_\_\_\_ (J) Personal and family maintenance;
- \_\_\_\_ (K) Benefits from social security, Medicare, Medicaid, or other governmental

# Small Group Activity

Which alternative  
to guardianship  
would you  
choose and why?

# Recap

What are some pros and cons about having the below alternatives to guardianship?

- Representative payee
- Advance directive
- Power of attorney
- Supported decision-making agreement



Any questions?

## About

The Center is a project of the Institute for Community Inclusion at UMass Boston (ICI) in partnership with:

- Center for Public Representation (CPR)
- Self Advocates Becoming Empowered (SABE)
- Human Services Research Institute (HSRI)

in consultation with experts from:

- Harvard Law School Project on Disability
- Georgia Advocacy Office

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The content of this document does not necessarily represent the policy of ACL or HHS.

### For more information

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