













# Easy Read - Authority to Act as an Advocate

The following information has been explained to me (check yes or no):

1. My right to an advocate		
<input type="checkbox"/> Yes <input type="checkbox"/> No		I know I can have an advocate to support me and be my voice.
<input type="checkbox"/> Yes <input type="checkbox"/> No		I have chosen a person I trust to be my advocate.
<input type="checkbox"/> Yes <input type="checkbox"/> No		I have told my trusted person I want them to be my advocate.
<input type="checkbox"/> Yes <input type="checkbox"/> No		My trusted person has agreed to be my advocate.
<input type="checkbox"/> Yes <input type="checkbox"/> No		I agree (give my authority) that my advocate can speak on my behalf.
<input type="checkbox"/> Yes <input type="checkbox"/> No		I understand my provider is not responsible for my advocate's actions.
<input type="checkbox"/> Yes <input type="checkbox"/> No		My advocate can access my personal information.
<input type="checkbox"/> Yes <input type="checkbox"/> No		My advocate's authority starts today.
<input type="checkbox"/> Yes <input type="checkbox"/> No		I know I can change my advocate at any time.
<input type="checkbox"/> Yes <input type="checkbox"/> No		I know how to tell my provider I want to change my advocate.

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2. Agreement	
<input type="checkbox"/> Yes <input type="checkbox"/> No	 I agree that the information in this form has been explained to me by a staff member.
<input type="checkbox"/> Yes <input type="checkbox"/> No	 My advocate's name is written below.

Advocate's name:

Relationship:

Signature:

Date:

Address:

Email:

Phone number:

Emergency number:

Client's name:

Client's signature:

Date:

Worker's name:

Worker's role:

Signature:

Date: