NY Alliance Housing Navigator Training

Housing Navigation

Guardianship

NEW YORK
ALLIANCE FOR
INCLUSION & INNOVATION

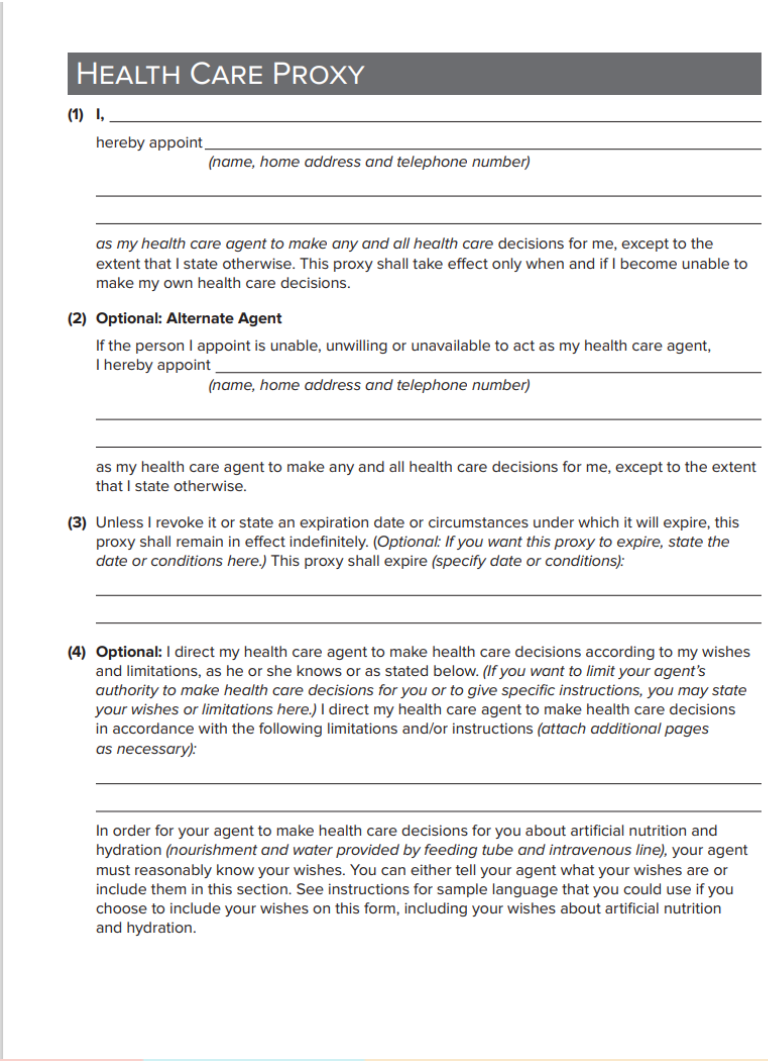
Types of guardianship

- **Article 81 – for an incapacitated person**
  - Time limited
  - Financially focused
  - Reporting requirements

https://www.nycourts.gov/CourtHelp/Guardianship/17A.shtml

- **Article 17-A – Diagnosis based** guardianship law was created in 1969 in the early days of deinstitutionalization it was assumed that a person with I/DD "had no realistic likelihood of change or improvement over time".

Health care proxy



HEALTH CARE PROXY

(1) I, _____

hereby appoint _____
(name, home address and telephone number)

_____

_____

as my health care agent to make any and all health care decisions for me, except to the extent that I state otherwise. This proxy shall take effect only when and if I become unable to make my own health care decisions.

(2) Optional: Alternate Agent

If the person I appoint is unable, unwilling or unavailable to act as my health care agent, I hereby appoint _____
(name, home address and telephone number)

_____

_____

as my health care agent to make any and all health care decisions for me, except to the extent that I state otherwise.

(3) Unless I revoke it or state an expiration date or circumstances under which it will expire, this proxy shall remain in effect indefinitely. (*Optional: If you want this proxy to expire, state the date or conditions here.)* This proxy shall expire *(specify date or conditions):*

_____

_____

(4) Optional: I direct my health care agent to make health care decisions according to my wishes and limitations, as he or she knows or as stated below. *(If you want to limit your agent's authority to make health care decisions for you or to give specific instructions, you may state your wishes or limitations here.)* I direct my health care agent to make health care decisions in accordance with the following limitations and/or instructions *(attach additional pages as necessary):*

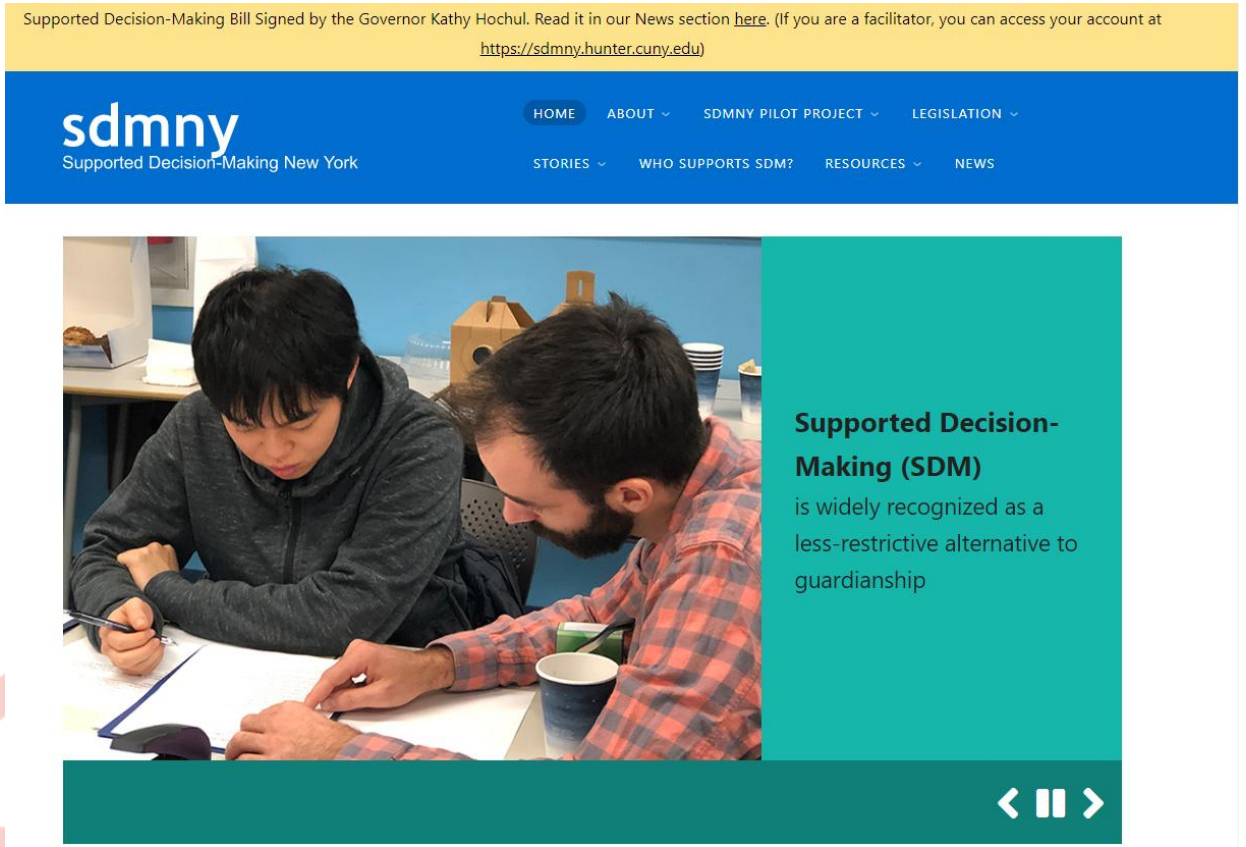
_____

_____

In order for your agent to make health care decisions for you about artificial nutrition and hydration *(nourishment and water provided by feeding tube and intravenous line),* your agent must reasonably know your wishes. You can either tell your agent what your wishes are or include them in this section. See instructions for sample language that you could use if you choose to include your wishes on this form, including your wishes about artificial nutrition and hydration.

Get one!

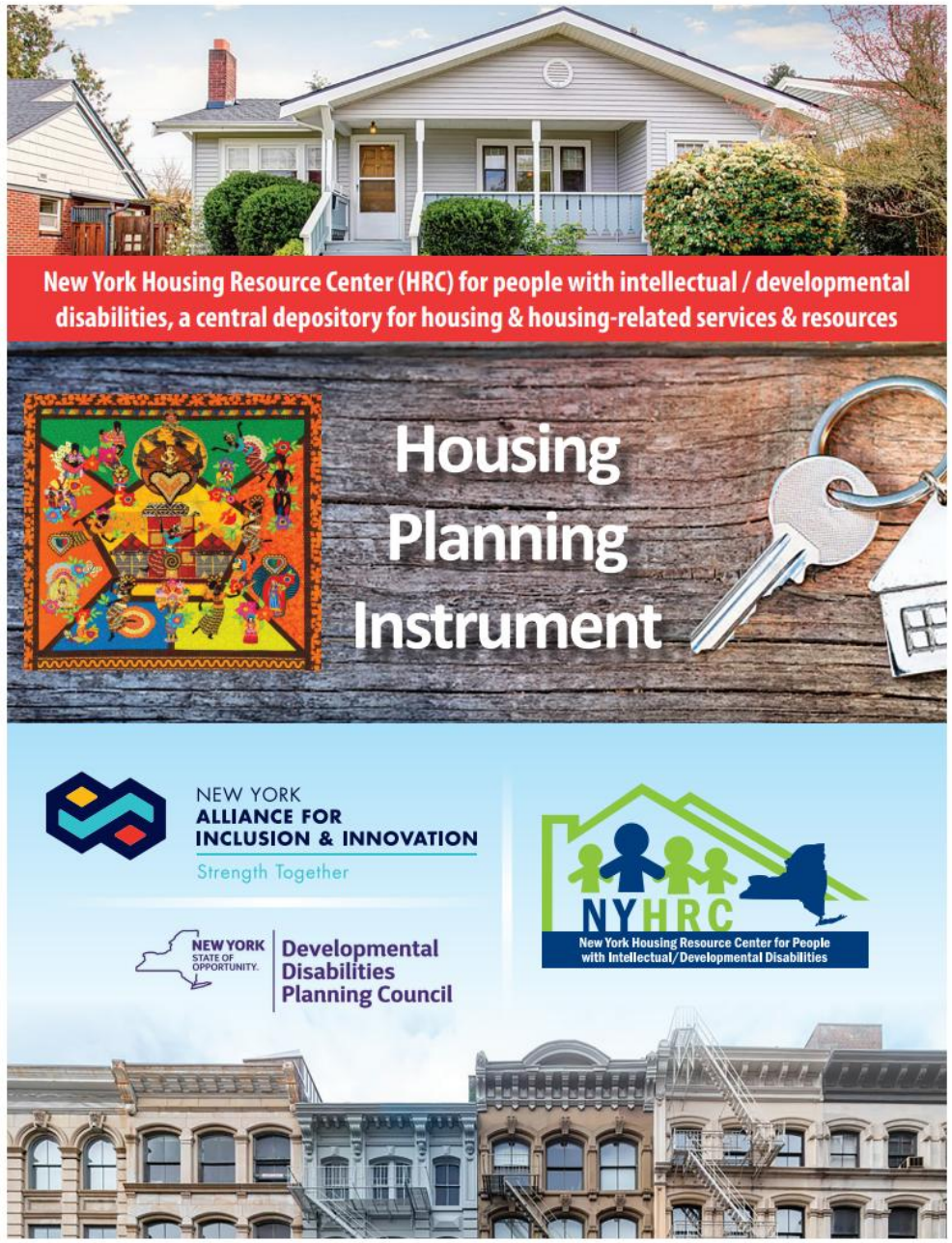
Supported Decision Making



https://sdmny.org/

Video

https://sdmny.org/resources/supported-decision-making-is-for-everyone/


New York Housing Resource Center (HRC) for people with intellectual / developmental disabilities, a central depository for housing & housing-related services & resources
Housing Planning Instrument
NEW YORK ALLIANCE FOR INCLUSION & INNOVATION
Strength Together
NEW YORK STATE OF OPPORTUNITY.
Developmental Disabilities Planning Council
NYHRC
New York Housing Resource Center for People with Intellectual/Developmental Disabilities

Part 1