

# My Voice, My Choice, My Future

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MARCH 22, 2016

UNIVERSITY OF MONTANA

RURAL INSTITUTE FOR INCLUSIVE COMMUNITIES

# Who's Driving Your Life?

Isaac Baldry

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# Self-Advocacy

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Self-advocacy is learning how to speak up for yourself, making your own decisions about your own life, learning how to get information so that you can understand things that are of interest to you, finding out who will support you in your journey, knowing your rights and responsibilities, problem solving, listening and learning, reaching out to others when you need help and friendship, and learning about self-determination.

[wrightslaw.com](http://wrightslaw.com)

# Self-Determination

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Self-determination is believing you can control your own destiny. Self-determination is a combination of attitudes and abilities that lead people to set goals for themselves, and to take the initiative to reach these goals. It means making your own choices, learning to effectively solve problems, and taking control and responsibility for one's life.

[pacer.org](http://pacer.org)

# Early School

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# 6<sup>th</sup> Grade

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I compete in the:

30 m wheelchair slalom

50 m wheelchair slalom

25 m obstacle course

# Graduation:

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Mr. Oglin giving me my diploma

# Freedom! I am finally 18!



I am my own boss!

## CONSENT TO AUTHORIZE ADVOCACY AND RELEASE OF INFORMATION

I, Isaac Baldry, hereby authorize Miles City School District to release and exchange information with my advocate, Theresa Baldry, 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 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.

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Isaac T. Baldry

---

Date

# Medical Advocacy Form

## DESIGNATION FOR PATIENT ADVOCATE FOR

## CARE, CUSTODY, AND MEDICAL TREATMENT DECISIONS

I am Isaac Baldry and I live at xxxx Street in Miles City, Montana. I want Theresa Baldry, 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 she is not at my house when I become sick, please call her to go the doctor's office. I would like the doctor to talk to her 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 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 understand that I want my advocate to help decide what care I need, and I want people to listen to her about my care.

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

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Isaac T. Baldry

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Date

Check with your insurance to see what forms they have, so that someone can assist you in speaking with them.

Link to BlueCross Blue Shield of Montana

[https://www.bcbsmt.com/static/mt/pdf/hipaa/hipaa\\_standard\\_auth\\_mt.pdf](https://www.bcbsmt.com/static/mt/pdf/hipaa/hipaa_standard_auth_mt.pdf)

## Blue Cross and Blue Shield of Montana

### Authorization for Disclosure of an Individual's Health Information

#### Subscriber or Dependent Whose Information is to be Disclosed

Please print information in this section.

Name _____		Policyholder's Healthcare ID Number _____	
Street Address _____		Daytime Telephone _____	
City _____	State _____	ZIP Code _____	

#### Person(s) or Entity(ies) to Whom Information May Be Disclosed

Please print information in this section.

Name _____		Daytime Telephone _____	
Street Address _____		Daytime Telephone _____	
City _____	State _____	ZIP Code _____	

#### Information to be Disclosed by Blue Cross and Blue Shield of Montana at the request of the individual authorized to do so

Check all that apply.

- ☐ **Health Plan Benefit Information:** Includes information contained in your benefit booklet (i.e., copayments, coinsurance, eligibility, and other benefit information.)
- ☐ **Claims Information:** Includes information related to payment of your claims for services you received, including pertinent information located on a claim form (e.g., billed amount, general procedure descriptions, claim payment or denial reasons.)
- ☐ **Authorization Information:** Includes information regarding pre-certification and authorization, including specific medical information related to requests and determinations.
- ☐ **Premium Information:** Includes information related to billing cycles, bank draft changes, etc.
- ☐ **Services from (provider or supplier and date(s):** \_\_\_\_\_ from: \_\_\_\_\_ to: \_\_\_\_\_  
(Includes information related to services rendered by a specific provider or supplier during the specific time period)
- ☐ **Other:** \_\_\_\_\_  
(Specify other information authorized for disclosure if it is not listed in one of the above categories; please be specific regarding the reason for disclosure)
- ☐ **Other reason for disclosure (other than "at the request of the individual authorized to do so"):** \_\_\_\_\_

#### Length of Time for Which This Authorization is Valid

Under applicable law, this authorization is valid up to 24 months (or a shorter period of time if so indicated) or for a particular event that has occurred, as stated in the authorization. If you are making this authorization for an extended period, the authorization must be renewed after its expiration. This authorization will remain in effect until:

- ☐ 24 months from the date of signature of this authorization; or
  - ☐ Until \_\_\_\_\_ but no longer than 24 months from the date of signature.  
(Month/Day/Year)
  - ☐ All information relating to a certain event or injury has been provided (e.g., "Back injury from April 2002" or "formal research").  
Specify event(s) and approximate date(s) of event(s) \_\_\_\_\_
- I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment or payment or my eligibility for benefits with BCBSMT. However, there may be consequences with the intended recipient of this information.
  - I understand this authorization is not valid without the required signature.
  - I understand I have the right to revoke this authorization at any time in writing, except to the extent that Blue Cross and Blue Shield of Montana has already provided the information. To revoke this authorization, contact Customer Service at 1-800-447-7828.
  - I understand that the recipient of this information may possibly re-disclose the information to others without my knowledge or authorization; therefore, the privacy law may no longer protect my information.

Print Full Name _____	Signature _____	Date _____
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#### RELATIONSHIP/AUTHORITY

Please check one. Include documentation with this form for items marked with an asterisk (\*) below.

- ☐ Member ☐ Power of Attorney\* ☐ Other Personal Representative Designation\*
- ☐ Parent of Minor Child ☐ Legal Guardian\*

Office Use Only

Tracking No. \_\_\_\_\_  
Name: \_\_\_\_\_

**NOTE: The highlighted information is required.**

Who else  
do you work  
with for  
services?

**CONSENT TO AUTHORIZE ADVOCACY AND  
RELEASE OF INFORMATION**

I, \_\_\_\_\_, hereby  
authorize Community Mental Health to release/exchange information with my  
friend/advocate, \_\_\_\_\_,  
which pertains to my services, programs and living situation. I also wish that my  
friend/advocate be invited to any and all meetings about me, and I do not want any  
decisions made without his/her input. If CMH has any documents I need to sign,  
my friend/advocate should receive copies and have time to go over them with me  
before I am asked to sign. This authorization, unless otherwise revoked by me, is  
intended to remain in effect for the duration of time I receive mental health  
services, etc. or until I revoke this authorization, whichever comes first.

\_\_\_\_\_  
(name)

\_\_\_\_\_  
(date)



# Alternatives to Guardianship Project

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[HTTP://SITES.GOOGLE.COM/A/PLUK.ORG/GUARDIANSHIP/](http://sites.google.com/a/pluk.org/guardianship/)

2014

2012

2013

2014

THE END

# Alternatives to Guardianship & Options for Supported Decision Making

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Theresa Baldry

PLUK, Parents Let's Unite for Kids

# Guardianship

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Alters the opportunities for an individual with disabilities to make independent choices and exercise self-determination skills

Removes the opportunity to make a variety of choices about their lives and removes many of the rights the rest of us enjoy

## ALTERNATIVES TO FULL GUARDIANSHIP

### Least Restrictive Alternative

Individual retains full independence and full decision-making power.

#### **Community Resources/ Unpaid Supports:**

- \*increased support from family and friends
- \*advocacy forms
- \*community/agency support: DHHS programs, caseworks; Meals on Wheels

#### **Money Management strategies:**

- \*Representative Payee
- \*Bill payments services-online autopay
- \*Joint checking accounts

### Middle Ground

Individual retains some, but not all control over decisions in their life. Limited court involvement.

#### **Common Legal Arrangements:**

- \*Health care directives
- \*Special Needs Trust
- \*Power of Attorney

### Limited or Temporary Guardianship:

- \*Limited or temporary guardianship for medical, or financial, or residential.
- \*\* Tailored to an individual's needs based on what is requested in court.

### Most Restrictive Alternative:

A guardian has full decision-making control over all areas of an individual's life. Requires a court order.

## **FULL GUARDIANSHIP**

# Education

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- When transfer of rights paperwork is completed, parents are to still continue to receive notice of IEP and Evaluation Team meetings
- Educational Advocacy Form
- Consent to Release Information
- Educational Power of Attorney (Authorizes “for” not “with”)



# Financial

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- Budgeting support to learn to pay bills, balance a checkbook, and budget monthly income.
- Online bill pay
- Co-signature on a bank account
- Debit card or store cards with set amount
- Representative Payee for Social Security
- Money in a trust which specifies how it will be spent. Can be set up to ensure the money does not impact SSI and Medicaid eligibility.



# Medical

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- Connect individuals who can assist in explaining procedures and impact
- Medical Advocacy Form - Chosen individual receives the same information about medical decisions and also signs off on them
- Medical Power of Attorney - Someone to make decisions for the individual; can be temporary such as while someone is incapacitated due to anesthesia
- Advanced Directives- Living Will

# Legal

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- Teach about signature
- Another individual can file a complaint on behalf of someone else with no special form or authorization
- Attach language that is understandable by the individual and with their signature
- Advocacy Form (service providers)



# National Resource Center for Supported Decision-Making

**EVERYONE** has the Right To Make Choices

**JOIN**  
Supported  
Decision-  
Making  
Interactive!

Stories of Supported Decision-Making

Share Your Story

ABOUT

IN YOUR STATE

LIBRARY

EDUCATION

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



# What is Supported Decision-Making?

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- Supported decision-making incorporates a range of models, all of which allow the individual with a disability to retain the final say in her or his life. Under supported decision-making models, adults with disabilities, as all of us do, get help in making decisions, but they retain control over who provides that help, and what the ultimate decisions will be.
- It is an individualized process where people with disabilities use trusted friends, family members, or professionals to give them the help they want and need to understand the situations they face and so they can make their own decisions.

# How do you and I make a decision?

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- What do you do if you're not familiar with the issue?
- Taxes?
- Medical Care?
- Auto Repairs?
  - What Do You Do?



Research has repeatedly found that people who exercise greater self-determination, those with more control over their lives, have greater independence and quality of life.

- 
- Experienced better employment outcomes
  - Became more independent
  - And experienced more community integration



# It's a Paradigm, Not a Process

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- Not one way to do that is correct; not one-size-fits-all.
- Supported decision-making can include:
  - Informal supports
  - Written agreements, Advocacy forms, Powers of Attorney
- Everyone has the right to make choices.
- People can get help making choices without giving up that Right.
- People often need help in understanding, making and communicating their choices.

# So what does this have to do with School?

- Curriculum can be comprised of three units:

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  - 1. Set a goal
  - 2. Take action
  - 3. Adjust goal or plan
- Students are required to solve the problems through a series of four steps:
  - 1. Identify the problem
  - 2. Identify potential solutions to the problem
  - 3. Identify barriers to solving the problem
  - 4. Identify consequences of each solution

This can align with Common Core Standards



# Determination Goals

- “I” statements in IEP Goals and Objectives to ensure student involvement and accountability.
  - I will identify a subject I want to write about and use proper grammar and punctuation in my stories 3 out of every 4 times.
- Student-led IEP
  - The student leads the meeting and identifies goals and objectives with assistance
- Transition Services
  - “Instruction, related services, community experiences, the development ....post school adult living objectives, and when appropriate, the acquisitions of daily living skills” 20USC 1401 (34)
- VR Goals
  - “prepare for, secure, retain, advance in, or regain employment”
  - What if the skills you need to work are the same ones you need to avoid guardianship? Self-care, Organization, Communication, Interpersonal Skills

# What needs to be considered to teach?

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- Independent Living; Assistance with activities of daily living
  - Household cleaning,/maintenance, laundry, shopping and meal preparation, communication, personal hygiene.
- Healthcare
  - Managing day-to-day health, healthy diet, first aid, medication management, consent
- Finances
  - Managing assets, spending money, managing debts and obligations, paying bills
- Provision of other basic needs
  - Transportation, social relationships, voting

# Benefits

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- The individual retains legal decision-making authority
- The relationship is freely entered into and can be terminated at will
- The individual actively participates in decision-making
- Decisions made with support are generally legally enforceable
  - Tools to be shared developed with Disability Rights Montana



- Parents and people who work with young people with developmental disabilities need better resources to promote independence and autonomy.
- They need materials, resources, and guidance that include, but are not limited to, tools that provide the following:
  - Education and training for parents, self-advocates, and professionals with whom students with disabilities interact prior to age 18 on the ways in which guardianship can affect young adults with disabilities.
  - Supported self-determination models in school curriculums for all students, including education on financial management, medical decisions, career decisions, living arrangements, and entering into contracts.

Statewide Parent Advocacy Network, Inc.

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27	28	29	30	31		

Supported Decision Making and Alternatives to Guardianship



On Tuesday, 2/16/16, SPAN Executive Co-Director, Diana Autin presented a webinar on Supported Decision Making and Alternatives to Guardianship. With close to 200 registrants, the webinar was well received and highlighted the critical importance of supporting youth with disabilities in making choices and decisions about their own lives. Missed the webinar? [Click here](#) to access a recording and other important resources!

Tags:  
youth transition guardianship supported decision making

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# The Right to Make Choices:

International Laws and  
Decision-Making by People  
with Disabilities

<http://autisticadvocacy.org/wp-content/uploads/2016/02/Easy-Read-OSF-For-Families-v3.pdf>



# Voting Rights for People with Disabilities



## **Disability Rights Montana**

1022 Chestnut Street

Helena, MT 59601

[advocate@disabilityrightsmt.org](mailto:advocate@disabilityrightsmt.org)

(406) 449-2344 – Voice/TDD

(800) 245-4743 – Toll Free

(406) 449-2418 – Fax

# **Protection & Advocacy for Voting Access (PAVA)**

**Ensuring the  
Full  
Participation  
of People with  
Disabilities  
in the  
Voting Process**





# Why Should You Vote?

- To try to make a change
- To elect people who care about issues that affect you

## It's Your Right!

# What do you want to change?

- What would you like to change in your community?



# Changes ...

- More affordable housing
- More accessible transportation



# Changes ...

- More jobs



- Higher wages



- And... ?

# What issues are important to you?

■ Health Care



■ Accessibility



# Issues ...

## ■ Education



## ■ Environment



# Who Can Vote?

- In Montana...



# You can vote if...

- You are 18 years old or older on or before the day of election, and...





# You can vote if...

- You are a citizen of the United States, and...



# You can vote if...

- You have lived in Montana and in the county where you will be voting for at least 30 days



# You can vote if...

- You have registered to vote!



**Voter Registration Card**

Name Jill Johnson

Address 222 Jumping Hill

City, State Zip Joliet, MT 59041

I will be over 18 on election day:  
Yes X No       

I am a citizen of the United States:  
Yes X No

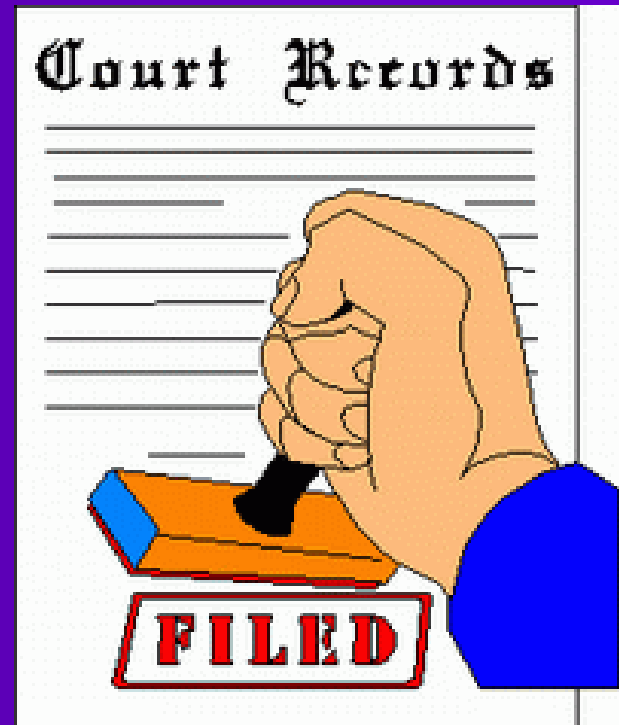
# Who Cannot Vote?

- You cannot vote if:
  - You have been convicted of a felony and still serving time in jail or prison
  - A court has judged you to be of unsound mind



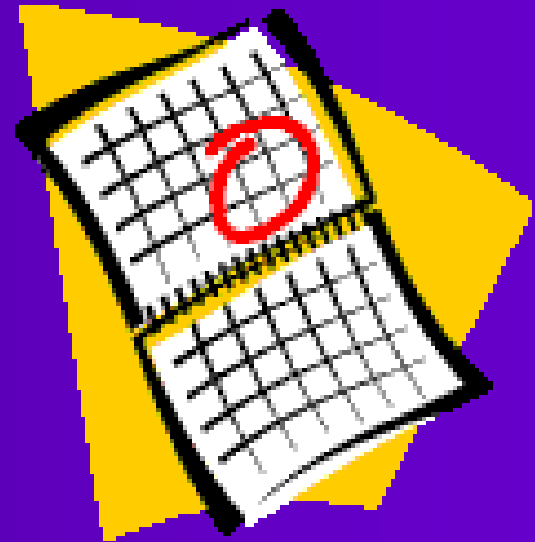
# Who Cannot Vote?

- You cannot vote if:
  - Your guardianship papers **SPECIFICALLY** say you cannot vote!



# How Do You Register?

- You must sign up to vote...
  - By mail or in person at least 30 days before an election, which is regular registration,
  - Or, in person only at the county election after the regular registration deadline





# Registering to vote ...

- Forms are available at:
  - County election office
  - Post office
  - Library
  - Secretary of State's office and website

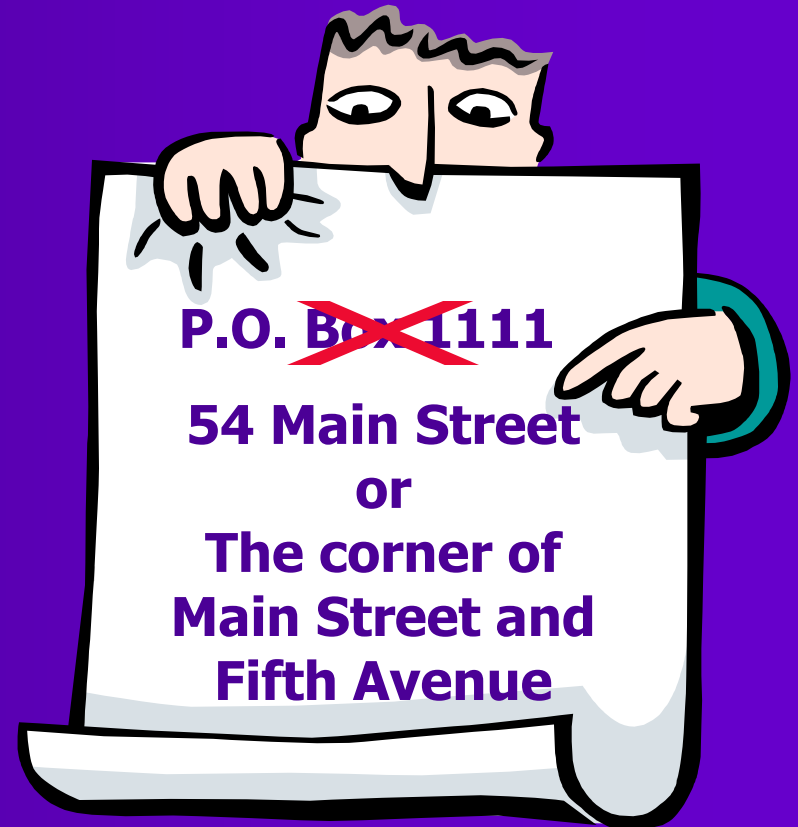


# Registering to vote...

- You must provide...
  - Montana Driver's license number, OR
  - Last four digits of your social security number, OR
  - Copy of your identification (acceptable ID's listed later)

# Registering to vote...

- Do not use a post office box as an address... use a street address
- Describe where you live if you do not have a street address



# Registering to vote

## late registration...

- Late Registration
  - ◆ Must do at county election office.
- Moved recently?
  - ◆ If registered, but have moved , you may vote in your old precinct one last time, or register and vote in your new one.



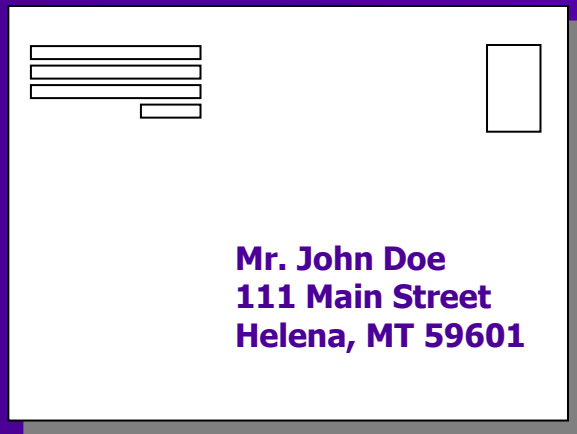
# Registering to vote late registration...

- Late Registration – often called, “Same Day” Voting
  - ◆ Don't wait! Vote Early!
- Day before election day
  - ◆ No late registration or absentee ballots are available b/w noon and 5pm





# Once registered...



- You will receive a **voter confirmation card** (by mail or in person) from the county election office to let you know...
  - ◆ You are registered to vote
  - ◆ Which precinct you live in
  - ◆ The polling place where you will vote

# How Do You Become an Informed Voter?

- Ways to get information about what will be on the ballot
  - Follow candidates and ballot measures through TV, radio, newspapers and internet publications
  - Attend public forums
    - ◆ Candidate forums
    - ◆ Forums where ballot measures will be discussed
  - Work with a group to invite candidates to meet face-to-face

# Ballot information...

- Talk to people in organizations that support your needs to find out how candidates' stand on the issues
- Conduct candidate surveys asking them for their stand on issues important to you
- Review sample ballot printed in local county newspaper



# It's Time to Vote!



- Two ways to vote...

# First way to vote...

- Use a regular ballot at a polling place on election day...
  - ◆ Manually
  - ◆ AutoMARK





# Second way to vote...

- Use an absentee ballot at home or at your county election office before the election



# Where Do You Vote?

- Review your voter registration card, which has your precinct info
- Call county election office to find your polling place
- Review newspaper, which may publish a map or list of polling places close to election day
- Secretary of State Office website:  
[sos.mt.gov/elections](http://sos.mt.gov/elections)

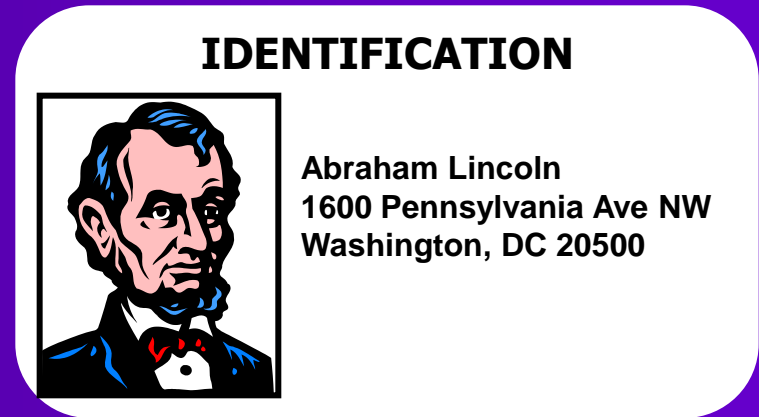
# What Happens When You Go Vote?

- You will be asked to...
  - State your name and show a form of identification
  - Three types of ID can be used...



# Forms of identification...

- Picture ID
  - ◆ Driver's license
  - ◆ Tribal ID
  - ◆ Student ID
  - ◆ State ID
  - ◆ Health club ID
  - ◆ Military ID
  - ◆ Employee ID
  - ◆ Passport
  - ◆ Costco/Sam's Club card
  - ◆ Credit card with picture



# Forms of identification...

- Government ID with Current Address
  - ◆ Social security paperwork
  - ◆ Public assistance check
  - ◆ USDA documentation
  - ◆ Vehicle registration
  - ◆ Tax refund check
  - ◆ Property tax bill
  - ◆ Bills from the University System
  - ◆ WIC papers
  - ◆ Voter Registration Card
  - ◆ Medicaid/Medicare statement
  - ◆ Veteran's Administration documents
  - ◆ Government student loan paperwork
  - ◆ Subsidized housing paperwork
  - ◆ Any other government document with your name and current address

# Forms of identification...

- Non-government ID
  - ◆ Utility bill (phone, electricity, gas, water)
  - ◆ Bank statement
  - ◆ Paycheck



11/16 Monthly Service

<input type="checkbox"/> Daily Balance	Amount
Date	\$ 738.97
10/20	526.82
10/21	590.53
10/22	524.21
10/23	362.24
10/26	308.42
10/27	



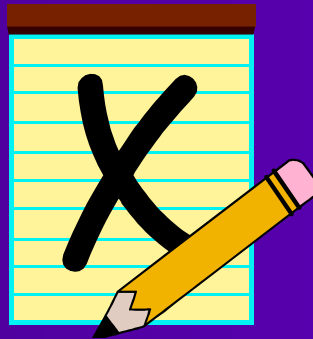
# Forms of identification...

- If you forget your ID, you can fill out a **Polling Place Elector Identification** form, but you will need to know:
  - ♦ Your driver's license number, **OR**
  - ♦ Last four digits of your social security number

**222-33-4444**

# After showing ID...

- Sign the poll book
  - ♦ If you cannot sign, you can place a mark or fingerprint instead



- You will get a ballot to mark in private that also works w/a voting machine

# Voting...

## ■ The ballot

- Election judge will give you a ballot and explain how to mark it
  - ◆ You don't have to vote for every race or issue
  - ◆ Don't vote more than one choice, or your vote will not count
  - ◆ If you make a mistake, ask election judge for a new ballot
- When finished, put it in secrecy folder and give to the election judge

# What if You Need Help?

## ■ AutoMARK

- Ballot marking machine
- Helps voters with disabilities read and mark their ballots
- Election judges will help you



# What if You Need Help?

## ■ Voting Accommodations

- Agent for Voting

- ◆ You can designate an Agent to help you with any part of voting
- ◆ You must fill out the Agent form from the Secretary of State
- ◆ Two disinterested witnesses must sign the Agent form

# What if You Need Help?

## ■ Voting Accommodations...

- A person who can assist you with reading or marking your ballot
  - ◆ Election judge
  - ◆ A person of your choice, but cannot be your employer, an agent of employer, or an officer or agent of your union
- Anyone providing assistance to you should not tell you how to vote



# Voting Accommodations...

- All polling places and their parking facilities **should be accessible**



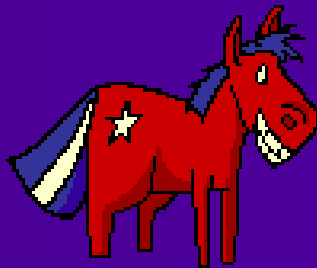
- Contact the county election office or Disability Rights Montana if you have questions.

# Voting Accommodations...

## ■ Curbside voting



- Available if you are unable to come into the polling place because of your disability



- One Democrat and one Republican election judge will bring a ballot to you

# Voting Accommodations...

- Curbside Voting (continued)
  - Judge will announce they have a ballot offered by ...

◆ NO -- Ballot is cast

◆ YES -- Ballot is provisional

"(Voter's Name) ... a voter physically unable to enter the room. Does anyone object to the reception of the ballot?"

# Voting Accommodations...

- Request new polling place
  - If your polling place is inaccessible you can request to vote at an accessible place



- Must make request 7 days before the election

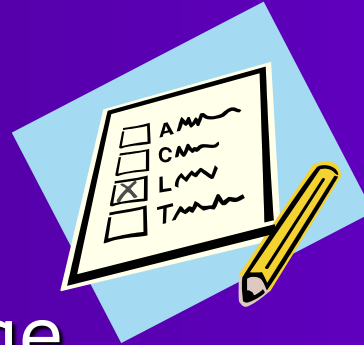
# Voting Accommodations...

- Inside polling place
  - Must have voting booth set up at desk or table to allow people to vote sitting in a wheelchair or chair

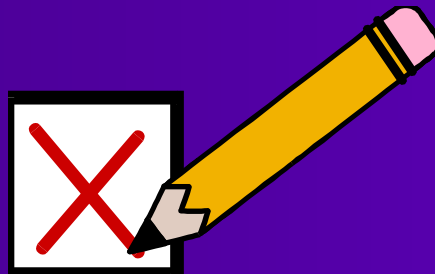


# Voting Accommodations...

- Must have voting instructions printed in large print



**Large  
Print**

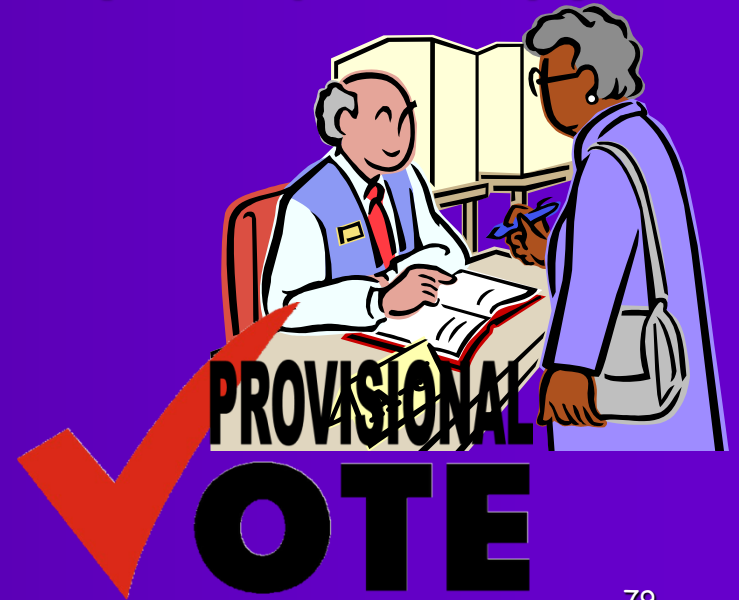


- Must have one oversized and easily graspable pen or pencil available



# Provisional Ballot

- If your eligibility to vote is challenged, you must be allowed to cast a provisional (temporary) ballot
  - You will be told what to do to make your vote count



# To make your vote count...

- You must provide required information by fax, e-mail, or in person before **5:00 p.m. the day after election**



- If you do not provide information, **YOUR VOTE WILL NOT COUNT!**

# What If You Want to Vote at Home?

- To vote absentee...
  - Get application at the county election office or Secretary of State's office
  - Fill out application and return it to your county election office by mail or in person
  - If you cannot deliver the application to the election office, a designated agent or other 3<sup>rd</sup> party may deliver it for you

# Voting Absentee

## ■ Absentee Ballot

- Election office will provide ballot by mail or in person
- After voting, return ballot to election office before 8 p.m. on election day
  - ◆ If your registration is pending verification (provisionally registered), include the Absentee ID form sent to you by your county

# What Types of Things Do You Vote On?

## ■ People

- Candidates who are running for elected office
  - ◆ President and Vice President
  - ◆ Congressman
  - ◆ State Legislators
  - ◆ County Commissioners
  - ◆ Mayor or City Manager
  - ◆ Leaders of Organizations

## ■ Plans or Measures

- Issues that make or change state or local laws

# Some Tools to Help You Decide How to Vote

## ■ Nonpartisan

- Gives facts and does not take sides
  - ◆ Examples: official Voter Information Guide, newspaper article, sample ballot

## ■ Partisan

- Tries to convince you how to vote
  - ◆ Examples: newspaper editorial, TV campaign advertisement, family and friends, group endorsements, mail advertisements



# What are Political Parties?

- A **political party** is a political organization that typically seeks to influence government policy
- Political Party Examples
  - ♦ Democratic
  - ♦ Republican
  - ♦ Libertarian Party
- Political issue example
  - ♦ Funding for community services v.
  - ♦ Expanding large congregate care institutions

# You Have the Right to Vote!

- If you have any questions about your right to vote, contact...



# Resources

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Blue Cross Blue Shield Standard Authorization Form

[https://www.bcbsmt.com/static/mt/pdf/hipaa/hipaa\\_standard\\_auth\\_mt.pdf](https://www.bcbsmt.com/static/mt/pdf/hipaa/hipaa_standard_auth_mt.pdf)

Alternatives to Guardianship Project

<http://sites.google.com/a/pluk.org/guardianship/>

Wrightslaw

<http://wrightslaw.com/>

Pacer Center

<http://www.pacer.org/>

# Resources

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National Resource Center for Supported Decision-Making

<http://supporteddecisionmaking.org/>

Statewide Parent Advocacy Network, Inc.

<http://www.spanadvocacy.org/>

The Right to Make Choices: International Laws and Decision-Making by People with Disabilities

<http://autisticadvocacy.org/wp-content/uploads/2016/02/Easy-Read-OSF-For-Families-v3.pdf>

Montana Secretary of State Office website

<http://www.sos.mt.gov/elections/>

Disability Rights Montana

<http://www.disabilityrightsmt.org/>

# Questions?

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