



## North Carolina Department of Health and Human Services

### Division of Aging and Adult Services

2405 Mail Service Center • Raleigh, North Carolina 27699-2405

Courier 56-20-25 Phone 919-733-3818 Fax 919-715-0023

Michael F. Easley, Governor  
Carmen Hooker Odom, Secretary

Karen E. Gottovi, Director  
(919) 733-3983

August 2, 2004

DEAR COUNTY DIRECTOR OF SOCIAL SERVICES:

ATTENTION: Adult Protective Services Supervisors

**SUBJECT: PROTECTING ADULTS IN FACILITIES TRAINING**

The Division of Aging and Adult Services is pleased to announce the availability of a two-day training entitled, *Protecting Adults in Facilities*. This workshop was developed in collaboration with county DSS Adult Services staff and is being offered four times during FY 2004-2005.

The workshop provides participants an excellent opportunity to learn about and discuss the function of Adult Protective Services (APS) in facilities. The curriculum furthers an understanding of the difference between protecting disabled adults and regulating facilities, stresses collaboration with other agencies and disciplines, and covers diverse methods of protecting disabled adults in facilities.

Social workers and supervisors with responsibility for evaluating and planning service interventions in APS cases will benefit from attending this workshop. The workshop is being offered as advanced level training (beyond the APS Basic Skills Training) for APS staff. **All participants must have completed both Modules I and II of the *Adult Protective Services Basic Skills Training* before attending this workshop.**

A maximum of thirty participants will be accepted at each of the training sites. Registration will be accepted on a first come, first served basis. There is no cost for this training, however, **you must pre-register**. A registration form is attached. Please make copies as needed. Participants can expect to receive a confirmation letter and specific information about the training site after registering. Each workshop **begins at 9:30 a.m. and ends by 4:00 p.m. on the first day**. The **second day begins at 9:00 a.m. and ends at 3:00 p.m.** There will be no on-site registration.

Dear County Director  
Re: Protecting Adults In Facilities  
August 2, 2004  
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Please choose one of the workshops listed below and complete the attached registration form. If the site you request is full, you will be notified and offered another site, if available. Refreshments will not be provided but participants may bring their own drinks and snacks.

**October 14-15, 2004**  
Pitt County DSS  
1717 W. Fifth Street  
Greenville, NC

**January 5-6, 2005**  
Johnston County DSS  
714 North Street  
Smithfield, NC

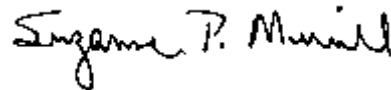
**February 2-3, 2005**  
Iredell County Health Department  
318 Turnersburg Highway  
Statesville, NC

**March 16-17, 2005**  
Mountain Area Resource Center  
81 Elmwood Way  
Waynesville, NC

If you need additional information or have questions regarding the content of the workshops, please contact Laura Cockman, APS Program Consultant at (919) 733-3818 or your Adult Programs Representative. For all questions regarding registration, please contact Monica Nealous, Office Assistant, at the number referenced above.

To **insure registration** at the selected location, send your registration as soon as possible. A completed registration form may be **mailed or faxed** to Ms. Nealous at NC Division of Aging and Adult Services, 325 North Salisbury Street, 2405 MSC, North Carolina 27699-2405. FAX: (919) 715-0023. **On-line registration** is also available at <http://www.ncswtrain.org/>.

Sincerely,



Suzanne P. Merrill, Chief  
Adult Services Section

SPM/lsc

AFS-07-2004

Attachment

## Adult Services, NC Division of Aging and Adult Services Registration Form

<b>Have you attended the prerequisites for this training event?</b> (For prerequisite information please refer to the training description)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable for this Training
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First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

If you have ever registered for a training under a different name, what is that name? _____
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"Goes By" Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Gender:  Female  Male  
 (SSN requested for internal record keeping purposes only)

Race/Ethnicity (Optional):					
<input type="checkbox"/> Caucasian	<input type="checkbox"/> African American	<input type="checkbox"/> Latino/Hispanic	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Native American/Eskimo	<input type="checkbox"/> Mixed Race

Home Phone (please include area code): \_\_\_\_\_ Work Phone & Extension (please include area code): \_\_\_\_\_  
 ( ) ( )  
 Home phone requested in event of last minute postponement due to severe weather.

Your Work E-mail Address: \_\_\_\_\_ Fax #: ( ) \_\_\_\_\_

Agency Name: \_\_\_\_\_

Mailing Address (PO Box, Drawer #, or Street Name and Suite #): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

State Courier #: \_\_\_\_\_ County: \_\_\_\_\_

Supervisor's Full Name: \_\_\_\_\_ Supervisor's Phone (please include area code): ( ) \_\_\_\_\_

<b>Employment Type:</b> <input type="checkbox"/> Not applicable <input type="checkbox"/> County DSS - Permanent <input type="checkbox"/> County DSS - Temporary <input type="checkbox"/> County Non-DSS <input type="checkbox"/> Federal Agencies <input type="checkbox"/> State Agency/Public University <input type="checkbox"/> Private University/College <input type="checkbox"/> Private Agency/Business	<b>Work Type:</b> <input type="checkbox"/> Direct Client Service <input type="checkbox"/> Line Supervisor <input type="checkbox"/> Trainer/Staff Development <input type="checkbox"/> Program Manager <input type="checkbox"/> Program/Admin. Support <input type="checkbox"/> Director <input type="checkbox"/> Other <input type="checkbox"/> Not Applicable	<b>Program Responsibilities:</b> If you are <b>NOT</b> a county DSS worker, please skip to the next box (Check all that apply) <input type="checkbox"/> Adult Care Home CMS <input type="checkbox"/> Adult Day Care <input type="checkbox"/> Adult Home Specialist <input type="checkbox"/> Adult Protective Services <input type="checkbox"/> Adult Services Intake <input type="checkbox"/> At-Risk Case Management <input type="checkbox"/> Attorney <input type="checkbox"/> Guardianship <input type="checkbox"/> In-Home Aide Services <input type="checkbox"/> Special Assistance <input type="checkbox"/> Trainer <input type="checkbox"/> Other	<b>Other Roles:</b> Complete this box if you are <b>NOT</b> a county DSS worker <input type="checkbox"/> Aging Services <input type="checkbox"/> Attorney/Judicial <input type="checkbox"/> Developmental Disabilities <input type="checkbox"/> Health/Medical <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Long Term Care <input type="checkbox"/> Mental Health <input type="checkbox"/> Student/Student Intern <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Vocational Rehabilitation <input type="checkbox"/> Other								
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<b>Training Event</b>
To ensure this registration form is faxed/mailed to the appropriate person please refer to the Dear Director letter to which this was attached Training Event you are registering for: _____ Date(s) of Training Event: _____ Location of Training Event: _____ If you are replacing a registered co-worker, what is his/her name: _____ If you are making up a missed training day, which day are you making up? _____