



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

JOYCE MASSEY-SMITH, MPA •
Director, Division of Aging and Adult Services

July 3, 2019

DEAR COUNTY CORPORATE GUARDIANS

ATTENTION: CORPORATION STAFF

SUBJECT: MODIFICATION OF FORM DAAS-7016A

The Division of Aging and Adult Services (DAAS) has modified form **DAAS-7016A (*Notification of Appointment of Corporate Guardian*)** to restructure data collection and accurately represent individuals favorably exiting guardianship. With these changes, Client Services Data Warehouse (CSDW) reports can be produced detailing individuals exiting guardianship through transfer to family, a different corporation, or a county DSS. This will highlight the effort that staff invested into transferring guardianship to a family member. Form **DAAS-7016A** modifications are as follows:

- **Section A, Guardianship and Ward Information, (#9) Primary Incapacity** - The term *Chronic Substance Use* has been changed to *Substance Use Disorder*. The term *Developmental Disability* has been changed to *Intellectual and/or Developmental Disability*. (Changes characterize the diverse population of the guardianship program.)
- **Section B, Request for Removal from Blanket Bond Coverage, (#3) Guardianship has been transferred to** - This text-entry box was modified to a drop-down box entry with the following options: *Family, Different Corporation, or County DSS*. (Limiting the choice, instead of leaving an open-ended text box, allows to accurately track the transfer of guardianship.)

To further clarify changes, a DAAS-7016A Form training webinar is available at: [2019-07-01 13.47 Completing the DAAS-7016 and DAAS-7016a \(Part !!\).mp4](#). Please begin using the updated DAAS-7016A Form (Revised 7-2019) immediately.

If you have questions regarding these updates you may contact LeShana Baldwin at LeShana.Baldwin@dhhs.nc.gov.

Sincerely,

Joyce Massey-Smith
Director

JMS/KP/cw/pg

Attachment: DAAS-7016A Form

DAAS_AS_06_2019

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF AGING AND ADULT SERVICES

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**North Carolina Department of Health and Human Services
Notification of Appointment of Corporate Guardian**

A. Guardianship and Ward Information

Initial Change

1. Name of Corporate Guardian _____
 2. Contact Person _____
 3. Date of Appointment _____
 (mm/dd/yyyy)
 Date

4. Full Name of Ward _____
 5. Date of Birth _____
 (mm/dd/yyyy)
 Date
 6. Race _____

7. Gender _____

8. Living Arrangement

(Please check appropriate box - choose one option only)

- Private Home
- Nursing Home
- State MR Facility
- Group Home
- State Psychiatric Hospital
- Jail/Prison
- Adult Care Home
- Unknown
- Other

(Specify)

9. Primary Incapacity

(Please choose two for dual diagnoses)

- Mental Illness
- Substance Use Disorder
- Physical Disease/Injury
- Dementia
- Unknown
- Intellectual and/or Developmental Disability
- Other _____

(Specify)

10. County where Ward resides _____

11. Medicaid County _____

12. County Where Guardian's Agency is Located _____

13. Type Guardianship (Please check appropriate box)

- | | | | |
|-------------------------|------------------------------------|------------------------------------|----------------------------------|
| a. Interim Guardianship | <input type="checkbox"/> of Person | <input type="checkbox"/> of Estate | <input type="checkbox"/> General |
| b. Limited Guardianship | <input type="checkbox"/> of Person | <input type="checkbox"/> of Estate | <input type="checkbox"/> General |
| c. Full Guardianship | <input type="checkbox"/> of Person | <input type="checkbox"/> of Estate | <input type="checkbox"/> General |

B. Termination Reasons

1. Ward has died _____
 (mm/dd/yyyy)
 Date
2. Ward's competency has been restored _____
 (mm/dd/yyyy)
 Date
3. Guardianship has been transferred to _____

 (mm/dd/yyyy)
 Date

C. Authorization From Guardian

1. Signature of Guardian _____
 2. Date _____
 (mm/dd/yyyy)
 Date
 3. Corporation Name _____