August 20, 2003

DEAR COUNTY DIRECTOR OF SOCIAL SERVICES:

ATTENTION: Adult Services Supervisors and Intake Supervisors

SUBJECT: ADULT PROTECTIVE SERVICES BASIC SKILLS TRAINING

The Division of Social Services is pleased to announce that the Adult Protective Services Basic Skills Training will be conducted at four sites across the state during FY 2003-2004.

The Basic Skills training is essential for county staff who have any level of responsibility for screening, evaluating, or providing Adult Protective Services (APS). The training provides county staff with a working knowledge of APS law, policy, and practice issues. It is designed for social workers who conduct evaluations and plan services for APS cases and for line supervisors with management responsibility for this program area. Social workers who have responsibility for adult services intake or who provide back up or after-hours coverage for APS will also find this training beneficial.

The first session of the training, Module I, is two days long and introduces participants to the field of Adult Protective Services. This session covers the statutory definitions used in APS and the policy requirements and practice issues related to receiving and screening APS reports. Staff responsible for intake and/or screening, as well as staff who conduct evaluations or plan services for APS cases, should attend this session. **It is recommended that participants attend *Effective Social Work Practice in Adult Services:* A *Core Curriculum, prior to* attending Module I.** Basic knowledge and concepts covered in the *Core Curriculum* are not covered in Modules I or II of this training.

The second session, Module II, is three days long and will introduce staff to the knowledge and skills necessary for completing thorough evaluations, making case decisions, determining capacity to consent to services, obtaining court orders, and planning services to protect disabled adults. Staff responsible for these functions on a full time, back up or after-hours basis should attend this session. Staff responsible for intake only may also attend this session, as it will allow them to understand the full APS process. **Participants must have attended Module I, or have previously attended the Basic Skills Training in its entirety, as a prerequisite to Module II.**

The dates and locations for the training are listed below. Modules I and II both begin at 9:30 a.m. on the first day and end at 3:30 p.m. on the last day. All other days of the training begin at 9:00 a.m. and end at 4:30 p.m. Participants should plan to stay near the training site unless they live within a reasonable commuting distance. Refreshments will not be provided due to lack of funds. Participants may bring their own drinks & snacks.

APS BASIC SKILLS TRAINING DATES AND LOCATIONS

MODULE I	MODULE II
September 11 – 12, 2003 Catawba County DSS 3030 11th Avenue Drive SE Hickory, North Carolina	**October 7 – 9, 2003** Catawba County DSS 3030 11th Avenue Drive SE Hickory, North Carolina
October 23 - 24, 2003 Guilford County DSS 301 N. Eugene Street Greensboro, North Carolina	**November 5 - 7, 2003** Guilford County DSS 301 N. Eugene Street Greensboro, North Carolina
November 17 – 18, 2003 Cumberland County DSS 1225 Ramsey Street Fayetteville, North Carolina	**December 2 – 4, 2003** Cumberland County DSS 1225 Ramsey Street Fayetteville, North Carolina
January 5 – 6, 2004 Wilson County DSS 100 NE Gold Street Wilson, North Carolina	**January 21 – 23, 2004** Wilson County DSS 100 NE Gold Street Wilson, North Carolina

Participants may register for Modules I and II at any of the sites. Participants may also register for Module I only at any of the sites. A registration form is attached. **Please make copies of this form if more than one person from your agency will be attending the training.** It is important that all information requested on the registration form be completed. Registration forms will be accepted for staff not yet identified by the county; however, names and identifying information must be submitted to the Adult Services Branch two weeks prior to the date of the specified training session.

A maximum of thirty (30) participants will be accepted at each of the training sites and registration will be accepted on a first come, first served basis. There is no registration fee required for the training, however, **you must pre-register**. Participants will be sent a confirmation letter and directions to the training site. When available, suggestions about overnight accommodations will be provided prior to each training session.

Please share this information with the appropriate staff and mark these dates on your calendars. If you or your staff have questions or need additional information regarding the content of the training, please contact John Margolis, 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 a selected location, send your registration as soon as possible. The registration form may be **mailed or faxed** to Monica Nealous at NCDSS/Adult & Economic Services, 325 North Salisbury Street, 2405 MSC, Raleigh, North Carolina 27699-2405. FAX: (919) 715-0023. **On-line registration** is also available at http://www.ncswtrain.org/.

Sincerely,

John T. Tanner, Chief
Adult and Economic Services Section

JTT/jdm

AFS-09-2003

Attachment

Adult and Economic Services, NC Division of Social Services Registration Form
(Forms faxed or mailed prior to the date registration opens will NOT be considered)

Have you attended the prerequisites for this training event? ☐ Yes ☐ No
(For prerequisite information please refer to the training description) ☐ Not Applicable for this Training

First Name:_____ MI:_____ Last Name:_____

If you have ever registered for a training under a different name, what is that name?__

"Goes By" Name:_____ Social Security Number:_____ Gender: ☐ Female ☐ Male
(SSN requested for internal record keeping purposes only)

Race/Ethnicity (Optional):
☐ Caucasian ☐ African American ☐ Latino/Hispanic ☐ Asian/Pacific Islander ☐ Native American/Eskimo ☐ 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): (_____)_____

Employment Type:	Work Type:	Program Responsibilities:	Other Roles:
		If you are **NOT** a county DSS worker, please skip to the next box (Check all that apply)	Complete this box if you are **NOT** a county DSS worker
☐ Not applicable	☐ Direct Client Service	☐ Adult Care Home CMS	☐ Aging Services
☐ County DSS - Permanent	☐ Line Supervisor	☐ Adult Day Care	☐ Attorney/Judicial
☐ County DSS - Temporary	☐ Trainer/Staff Development	☐ Adult Home Specialist	☐ Developmental Disabilities
☐ County Non-DSS	☐ Program Manager	☐ Adult Protective Services	☐ Health/Medical
☐ Federal Agencies	☐ Program/Admin. Support	☐ Adult Services Intake	☐ Law Enforcement
☐ State Agency/Public University	☐ Director	☐ At-Risk Case Management	☐ Long Term Care
☐ Private University/College	☐ Other	☐ Attorney	☐ Mental Health
☐ Private Agency/Business	☐ Not Applicable	☐ Guardianship	☐ Student/Student Intern
		☐ In-Home Aide Services	☐ Substance Abuse
		☐ Special Assistance	☐ Vocational Rehabilitation
		☐ Trainer	☐ Other
		☐ Other	

Highest Degree		Highest Social Work Degree
☐ HS	☐ Masters	☐ BSW/BSSW
☐ Associate	☐ Doctorate	☐ MSW/MSSW
☐ Bachelor		☐ PhD/DSW

Training Event
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?_____