



North Carolina Department of Health and Human Services  
Division of Social Services

2405 Mail Service Center • Raleigh, North Carolina 27699-2405  
Courier 56-20-25 Fax 919-715-0023

Michael F. Easley, Governor  
Carmen Hooker Odom, Secretary

Pheon E. Beal, Director  
(919) 733-3055

August 22, 2003

DEAR COUNTY DIRECTOR OF SOCIAL SERVICES:

ATTENTION: Adult Protective Services Supervisors

**SUBJECT: ASSESSING AN ADULT'S CAPACITY TO CONSENT**

The Division of Social Services is pleased to announce the availability of a one-day workshop entitled, *Assessing An Adult's Capacity To Consent*. It will be offered in four locations across the state this year.

The workshop will provide participants an excellent opportunity to learn about and discuss mental capacity as it relates to Adult Protective Services (APS). Mental capacity will be defined and the differences and similarities between mental capacity and mental competence will be discussed. Lecture and small group discussion will be used to examine the degrees and components of mental capacity. Principles for determining whether an adult has or lacks capacity to consent to protective services will be explored, including using APS evaluation data to assist with making a decision about capacity to consent. Participants will learn the importance of obtaining help, when necessary, in making a capacity decision, and the importance of accurately and thoroughly documenting how the decision was reached.

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 an advanced level training (beyond the APS Basic Skills Training) for APS staff. **All participants should 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 and 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 **starts at 9:30 a.m.** and will **end by 4:00 p.m.** There will be no on-site registration.

Dear County Director  
Re: Assessing an Adult's Capacity to Consent Training  
August 22, 2003  
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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 this year due to lack of funds, however, participants may bring their own drinks and snacks.

- **September 30, 2003**  
Buncombe County Department of Social Services  
40 Coxe Avenue  
Asheville, North Carolina
- **October 17, 2003**  
Edwin W. Monroe AHEC Conference Center  
2000 Tower Venture Drive  
Greenville, North Carolina
- **November 25, 2003**  
Guilford County Department of Social Services  
301 N. Eugene Street  
Greensboro, North Carolina
- **December 19, 2003**  
Cumberland County Department of Social Services  
1225 Ramsey Street  
Fayetteville, North Carolina

If you need additional information or have questions regarding the content of the workshops, 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 the selected location, send your registration as soon as possible. A completed registration form may be mailed or faxed to Ms. 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/jm  
AFS-10-2003  
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)

<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)

<input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Latino/Hispanic	Race/Ethnicity (Optional): <input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Native American/Eskimo <input type="checkbox"/> Mixed Race
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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
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<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
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<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
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<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>Highest Degree</b> <input type="checkbox"/> HS <input type="checkbox"/> Masters <input type="checkbox"/> Associate <input type="checkbox"/> Doctorate <input type="checkbox"/> Bachelor	<b>Highest Social Work Degree</b> <input type="checkbox"/> BSW/BSSW <input type="checkbox"/> MSW/MSSW <input type="checkbox"/> PhD/DSW
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<p align="center"><b>Training Event</b></p> <p>To ensure this registration form is faxed/mailed to the appropriate person please refer to the Dear Director letter to which this was attached</p> 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? _____
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