



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: PROTECTING ADULTS IN FACILITIES TRAINING

The Division of Social 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 was successfully piloted in three locations during the previous fiscal year. It is being offered six times during FY 2003-2004.

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 an 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 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 do to a lack of funds, however, participants may bring their own drinks and snacks.

November 13-14, 2003

Watauga County DSS
132 Popular Grove Connector, Suite C
Boone, North Carolina

December 11-12, 2003

Durham County DSS
220 East Main Street
Durham, North Carolina

February 12-13, 2004

Chowan County Agricultural Center
730 North Granville Street
Edenton, North Carolina

March 3-4, 2004

McDowell County DSS
145 E. Court Street
Marion, North Carolina

March 17-18, 2004

Rowan County DSS
1236 West Innes Street
Salisbury, North Carolina

March 30-31, 2004

Columbus County DSS
40 Government Complex Road
Whiteville, North Carolina

If you need additional information or have questions regarding the content of the workshops, please contact Vicki Kryk, APS Program Coordinator 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, 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/vlk

AFS-11-2003

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? (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? _____

"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): _____
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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: <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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Work Type: <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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Program Responsibilities: If you are NOT 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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Other Roles: Complete this box if you are NOT 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

Highest Degree <input type="checkbox"/> HS <input type="checkbox"/> Masters <input type="checkbox"/> Associate <input type="checkbox"/> Doctorate <input type="checkbox"/> Bachelor	Highest Social Work Degree <input type="checkbox"/> BSW/BSSW <input type="checkbox"/> MSW/MSSW <input type="checkbox"/> PhD/DSW
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<p align="center">Training Event</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> <p>Training Event you are registering for: _____</p> <p>Date(s) of Training Event: _____</p> <p>Location of Training Event: _____</p> <p>If you are replacing a registered co-worker, what is his/her name: _____</p> <p>If you are making up a missed training day, which day are you making up? _____</p>
