



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 Buell, Secretary

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

August 9, 2001

**Dear County Director of Social Services and Area Mental Health Program Director:**

**Attention: Adult care home case managers and their supervisors**

**Subject: Correction To The July 20, 2001 Letter # AFS-10-2001**

We announced the **Adult Care Home Case Management Services Basic Training** in a Dear County Director letter dated July 20, 2001 (Letter # AFS-10-2001).

There is a change to the date of the Williamston (Martin Community College) training event. That training event is to be held **October 11, 2001**. Those who have already registered for October 10<sup>th</sup> will be notified of the change. We apologize for any confusion this may have created. A corrected registration form is enclosed with this letter.

If you need additional workshop information, you may contact your Adult Programs Representative or Geoff Santoliquido at (919) 733-3818.

Sincerely,

A handwritten signature in black ink, appearing to read "John T. Tanner".

John T. Tanner, Chief  
Adult and Family Services Section

Enclosure

JTT: gs

AFS-12-2001

**Adult Care Home Case Management Basic Training Registration Form**  
(Agenda is on reverse side of this form)

**To register complete the form below and mail or fax to:**

Monica Nealous  
NC Division of Social Services  
Adult and Family Services  
325 North Salisbury Street  
2405 Mail Service Center  
Raleigh, NC 27699-2405

Fax: 919-715-0023  
Phone: 919-733-3818

**You must pre-register**, as space is limited at each location.

Name: Ms./Mr./Dr. \_\_\_\_\_  
Home Phone:\*( ) \_\_\_\_\_ SSN:\*\* \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Agency: \_\_\_\_\_  
Work Phone:( ) \_\_\_\_\_ Fax:( ) \_\_\_\_\_  
Work Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_ Courier #: \_\_\_\_\_  
County: \_\_\_\_\_  
E-mail address: \_\_\_\_\_  
Other job duties besides ACH/CMS: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_

\*Home phone requested in event of last minute postponement due to impending severe weather.

\*\*Social Security Number is requested for internal record keeping purposes only.



**Check (✓) the Site and Date you are registering for:**

Kenansville (Duplin Co. DSS)	September 12, 2001 <i>(register by August 31, 2001)</i>
North Wilkesboro (Wilkes County Library)	September 18, 2001 <i>(register by September 4, 2001)</i>
Williamston (Martin Community College)	October 11, 2001 <i>(register by September 26, 2001)</i>
Asheville (Buncombe County DSS)	October 30, 2001 <i>(register by October 16, 2001)</i>
Asheboro (Randolph County DSS)	January 30, 2002 <i>(register by January 16, 2002)</i>

**Please bring a copy of the Adult Care Home Case Management Manual (Vol. V, Ch. IX) with you.**

A manual can be mailed to you by contacting the Adult and Family Services Section (919) 733-3818 at least 10 working days in advance of the training.

Vol. V, Ch. IX is available on the Internet at:

<http://info.dhhs.state.nc.us/olm/manuals/dss/afs-09/man/index.htm>

## **ACH/CMS Basic Training Agenda**

Registration	8:30 AM -9:00 AM
Morning Session	9:00 AM – Noon
Lunch	Noon - 1:00 PM (lunch on your own)
Afternoon Session	1:00 PM – 4:30 PM
Adjourn	4:30 PM

**Please bring a copy of the Adult Care Home Case Management Manual (Vol. V, Ch. IX) with you.**