



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 29, 2003

Dear County Director of Social Services, Area Mental Health Director, Local Health Department Director and County Department on Aging Director

ATTENTION: Adult Services Staff

Subject: Training for Disinterested Public Agent Guardians

The NC Division of Social Services is pleased to offer basic guardianship training, **Guardianship: A Systematic Approach**, in three sites across the state during FY 2003-04. These two-day workshops are led by an attorney, a clerk of superior court, Division of Social Services staff and local human services professionals. The workshops are designed for directors and assistant directors of county departments of social services, area mental health authorities, local health departments, and county departments on aging who serve as disinterested public agent guardians. Program managers, supervisors, social workers, case managers, and others who provide guardianship services will also find these workshops beneficial.

The focus of these workshops is consistent with North Carolina General Statute 35A and Department of Health and Human Services (DHHS) policy requirements that all disinterested public agents receive training on the powers and responsibilities of a guardian. Information on guardianship law, DHHS policy requirements and practice guidelines related to guardianship service provision will be presented. An agenda for the workshops is attached.

The dates and locations for the workshops are listed below. Each workshop will begin at 9:00 AM and will end at 4:30 PM on both days. Check-in will be at 8:30 AM.

Workshop Dates and Locations

October 2 – 3, 2003

Martin County Community College
1161 Kehukee Road
Williamston, NC

January 15 – 16, 2004

Lee County Governmental Center
106 Hilcrest Street
Sanford, NC

April 7 – 8, 2004

Watauga County Department of Social Services
132 Popular Grove Connector, Suite C
Boone, NC

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Participants must pre-register to attend these workshops, although there is no registration fee requirement. Registration information is attached. There is no limitation on the number of agency staff who may attend a workshop or on the workshop location they may attend. Please duplicate the enclosed registration information as necessary if more than one person from your agency plans to attend a workshop.

Registration forms must be returned at least two weeks in advance of the workshops. It is important that all information on the registration form be completed. Substitutions may be sent for staff who have registered for a particular workshop and are unable to attend. Persons who register for the workshops will be sent a confirmation letter, directions to the workshop site, and when available, suggestions about lodging accommodations.

Please share this information with the appropriate staff and mark these dates on your calendars. If you have questions or need additional information about the content of the workshops, please contact Rosalyn Pettyford, Guardianship Program Consultant at (919) 733-3818 or for county departments of social services, 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 after the date registration opens. The registration form may be **mailed or faxed** to Monica Nealous at NCDSS/Adult & Economic Services Section, 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

Attachment

JTT: rp

AFS-14-2003

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): _____
 () _____ () _____
 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

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"/> pH/DSW
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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? _____

GUARDIANSHIP: “A Systematic Approach”

AGENDA

DAY ONE

8:30 AM	Check-In
9:00	Welcome/Introductions
9:15	Introduction to Guardianship
10:00	Alternatives to Guardianship
10:30	BREAK
10:45	Guardianship Services
12:00	LUNCH (On Your Own)
1:30	Legal Proceedings
2:45	BREAK
3:00	Legal Proceedings (cont.)
4:30 PM	ADJOURN

DAY TWO

8:30 AM	Check-In
9:00 AM	Legal Proceedings
10:45	BREAK
11:00	Legal Proceedings (Skills Practice)
12:00	LUNCH (On Your Own)
1:30	Role & Responsibilities of the Public Agent Guardian
2:45	BREAK
3:00	Role & Responsibilities (cont.)
4:00	Wrap Up
4:30 PM	ADJOURN