



North Carolina Department of Health and Human Services
Division of Aging

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

Karen E. Gottovi, Director
(919) 733-3983

December 16, 2003

DEAR COUNTY DIRECTOR OF SOCIAL SERVICES, AREA MENTAL HEALTH DIRECTOR, HEALTH DEPARTMENT DIRECTOR, and COUNTY DEPARTMENT ON AGING DIRECTOR

SUBJECT: Reconciliation of the DHHS Blanket Bond Listing

The Division of Aging, Adult Social Services Section, has responsibility for management of the Department of Health and Human Services Blanket Bond (DHHS Blanket Bond) for Disinterested Public Agent Guardians. As part of this responsibility for management of the DHHS Blanket Bond, we are preparing for the 2003 annual accounting with the insurance carrier. This accounting requires that accurate information be submitted to the insurance carrier regarding the names of all wards represented by public agent guardians and the amount of each ward's bond. It is important that our records be kept up-to-date because valid coverage for each ward must be registered in the Blanket Bond system. In addition, the amount of the premium paid by the Department for the total bond is based on the aggregate amount of bond for each ward. You are responsible for notifying the Division of any changes in the status of each ward throughout the year. We appreciate your taking time to review the enclosed information, and keeping our records updated.

A list of wards for whom our records indicate you have guardianship responsibility is attached. The list was printed on December 16, 2003 and was current as of that date; however, close attention should be paid to each entry. Your list should indicate only those wards for whom you have responsibility. Please pay special attention to the following items as you review your list:

1. Wards you are no longer responsible for and whose names should be deleted from the list.
2. Wards you are responsible for and whose names should be added to the list.
3. Each ward's date of birth.
4. The amount of the estate and bond coverage listed for each ward.
5. The name of the public agent guardian.

Dear Director

Re: Reconciliation of the DHHS Blanket Bond Listing

December 16, 2003

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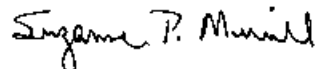
Please note that North Carolina General Statute 35A-1239 requires bond coverage for all disinterested public agents appointed to serve as guardians, whether they are appointed to serve as guardians of the person, estate, or general guardians.

All changes necessary to update your list of wards should be sent to the Adult Social Services Section, at the address on the letterhead. **All updates must be made on the DHHS 7016 located in the North Carolina Division of Social Services Family Services Manual Volume V, Chapter VIII, Appendix C or on-line at www.dhhs.nc.us/dss.** A copy of this form is attached for your convenience. Please make copies of the DHHS 7016 if you are updating the status of more than one ward.

Please note that it is not necessary to submit a DHHS 7016 for wards whose status has not changed, or to add a ward's date of birth. To add dates of birth, please make a copy of your current list of wards and write in any missing dates of birth in the appropriate column. Submit this list with the dates of birth to the Division at the address on the letterhead.

Please submit all changes by **January 23, 2004**. If you have any questions or need additional information, please contact Rosalyn Pettyford, Guardianship Program Consultant at (919) 733-3818, or for county departments of social services staff, your Adult Programs Representatives.

Sincerely,



Suzanne P. Merrill, Chief
Adult Social Services Section

SPM/rp

AFS-18-2003

Attachments

NORTH CAROLINA DEPARTMENT OF HUMAN RESOURCES
NOTIFICATION OF APPOINTMENT OF DISINTERESTED PUBLIC AGENT GUARDIAN
REQUEST FOR BOND COVERAGE/REMOVAL FROM BOND

Complete in Duplicate, Retaining One Copy for Agency Files. Please Type or Print

A. Request for Bond Coverage (please check appropriate box) Initial ____ Change ____

1. Name of Public Agent Guardian 2. Title:

3. Name of Ward 4. Date of Birth 5. County in Which Ward Resides

6. Type of Guardianship: (please check appropriate box) 7. Date of Appointment
a. ____ of Person b. ____ General c. ____ of Estate

8. Amount of Bond 9. Amount of Estate:
(N/A for Guardian of the Person)

B. Request for Removal From Blanket Bond Coverage

Please remove the above -named ward from the DHHS Blanket Bond for the following reason(s):

- 1. Ward has died (date: _____)
- 2. Ward's competency has been restored (date: _____)
- 3. Guardianship has been transferred (date: _____)
- 4. Other _____

C. Authorization From Guardian

1. Signature of Guardian 2. Date 3. Agency Name and County

Mail Completed Form To:
NC Division of Social Services
Adult Services Branch
2405 Mail Service Center
Raleigh, NC 27699-2405

DHHS 7016 (Rev. 7/01)
Adult Services

***Instructions for Agent Guardian
On Use of Form DHHS 7016 (rev. 7/01)***

1. Complete form DHHS 7016, Section A to request **initial** DHHS Blanket Bond coverage for your wards when you are appointed guardian of the person, guardian of the estate and general guardian.
2. Complete form DHHS 7016, Section A to request **changes** to the initial coverage for your wards when there is a:
 - change in the amount of the ward's estate;
 - change in the type of guardianship; and or
 - change in the name of the disinterested public agent guardian.
3. Complete form DHHS 7016, Section A (#'s 1 & 3) Section B to **remove** your ward's name from the DHHS Blanket Bond.
4. Section C should be completed on all requests.