

NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

ROY COOPER • Governor

KODY H. KINSLEY • Secretary

LISA TUCKER CAULEY • Division Director, Human Services

November 8, 2024

**DEAR COUNTY DIRECTOR OF SOCIAL SERVICES**

**ATTENTION: ADULT SERVICES SUPERVISORS AND PROGRAM MANAGERS**

**SUBJECT: 2024 END OF YEAR DHHS BLANKET BOND RECONCILIATION**

**REQUIRED ACTION:  Information Only  Time Sensitive  Immediate**

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

The Division of Social Services, Adult Services, manages the North Carolina Department of Health and Human Services (DHHS) Blanket Bond for Disinterested Public Agent Guardians. In preparation for the 2024 annual accounting with the insurance carrier, accurate and up-to-date information must be submitted. This includes names of individuals under public agent guardianship and their corresponding bond amounts. Maintaining current records is essential for valid coverage and accurate premium calculations. Your agency must report any status changes for individuals throughout the year.

**Review Process and Submission Timeline**

Your agency's bond list will be sent via secure email to the Director and Adult Services Supervisor by Friday, November 15, 2024. Your agency's Continuous Quality Improvement-Specialist will also be copied on the email. If you do not receive your agency's list by this date, please contact Sarah Richardson, Program Administrator, at 919-605-3640 or [Sarah.Richardson@dhhs.nc.gov](mailto:Sarah.Richardson@dhhs.nc.gov). Please complete the following process by **Friday, January 24, 2025**:

**Review Your Agency's List of Individuals Under Guardianship**

Review your agency's Excel spreadsheet and verify the following:

- Individuals you are no longer responsible for and whose names should be deleted from your bond list
- Individuals you are responsible for but whose names are not on your bond list
- Date of the guardianship appointment; this should be the date on the **order of appointment**
- Estate and bond coverage amount listed for each individual
- Individual dates of birth

**NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF SOCIAL SERVICES**

LOCATION: 820 S. Boylan Avenue, McBryde Building, Raleigh, NC 27603

MAILING ADDRESS: 2401 Mail Service Center, Raleigh, NC 27699-2401

www.ncdhhs.gov • TEL: 919-855-6335 • FAX: 919-334-1018

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

- Name and title of the public agent guardian. If the guardian's name is the only change, please send an e-mail to [7016.DHHSForms@dhhs.nc.gov](mailto:7016.DHHSForms@dhhs.nc.gov) stating the agency Director's name and title as it should appear as well as the previous Director's name.
- The individual's SIS ID# (11 digits)
- Correct spelling of individual names as they appear in the SIS system
- Ensure that the county where the ward resides is correct on the spreadsheet

Select on your agency's Excel spreadsheet, in the first column, "Current" or "Change" from the dropdown, for **each individual**.

### **Correcting Your Agency's List of Individuals Under Guardianship**

For any changes on your agency's list, complete and submit the required DHHS-AS-7016, and select "Change" in your agency's Excel spreadsheet. Complete and submit all [DHHS-AS-7016](#) forms containing necessary changes and/or updates to your list of individuals to: [7016.DHHSForms@dhhs.nc.gov](mailto:7016.DHHSForms@dhhs.nc.gov)

Remember to also complete the DHHS-AS-7016 for individuals who are covered by a private bond. Individuals that are covered by a private bond are not included in the report submitted to the insurance carrier, but it is important that we maintain an accurate account of all active individuals with disinterested public agent guardians. Please write "Private Bond" on Line 14 when completing the DHHS-AS-7016.

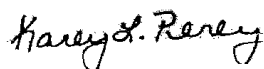
### **Finalizing Your Agency's Submission**

Ensure all individuals are marked as "Current" or "Change" in the first column of your Excel spreadsheet. The agency Director must review and approve your agency's completed Excel Spreadsheet and be included in the secured email to [7016.DHHSForms@dhhs.nc.gov](mailto:7016.DHHSForms@dhhs.nc.gov). Use the following naming format to save the Excel spreadsheet, replacing the word County with the name of your County: **County\_Bond Reconciliation\_2024**

**Submit your agency's completed Excel spreadsheet and any DHHS-AS-7016 changes and/or updates by Friday, January 24, 2025.**

For questions or additional information, please contact Sarah Richardson, Program Administrator, at (919) 605-3640 or by e-mail at [Sarah.Richardson@dhhs.nc.gov](mailto:Sarah.Richardson@dhhs.nc.gov).

Sincerely,



Karey Perez  
Deputy Director  
Adult Services, Division of Social Services

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