DEAR COUNTY CORPORATE GUARDIANS

ATTENTION: CORPORATION STAFF

SUBJECT: MODIFICATION OF FORM DAAS-7016A

The Division of Aging and Adult Services (DAAS) has modified form DAAS-7016A (Notification of Appointment of Corporate Guardian) to restructure data collection and accurately represent individuals favorably exiting guardianship. With these changes, Client Services Data Warehouse (CSDW) reports can be produced detailing individuals exiting guardianship through transfer to family, a different corporation, or a county DSS. This will highlight the effort that staff invested into transferring guardianship to a family member. Form DAAS-7016A modifications are as follows:

- **Section A, Guardianship and Ward Information, (#9) Primary Incapacity** - The term Chronic Substance Use has been changed to Substance Use Disorder. The term Developmental Disability has been changed to Intellectual and/or Developmental Disability. (Changes characterize the diverse population of the guardianship program.)

- **Section B, Request for Removal from Blanket Bond Coverage, (#3) Guardianship has been transferred to** - This text-entry box was modified to a drop-down box entry with the following options: Family, Different Corporation, or County DSS. (Limiting the choice, instead of leaving an open-ended text box, allows to accurately track the transfer of guardianship.)

To further clarify changes, a DAAS-7016A Form training webinar is available at: 2019-07-01 13.47 Completing the DAAS-7016 and DAAS-7016a (Part II).mp4. Please begin using the updated DAAS-7016A Form (Revised 7-2019) immediately.

If you have questions regarding these updates you may contact LeShana Baldwin at LeShana.Baldwin@chhs.nc.gov.

Sincerely,

Joyce Massey-Smith
Director

JMS/KP/cw/pg

Attachment: DAAS-7016A Form

DAAS AS 06 2019
North Carolina Department of Health and Human Services
Notification of Appointment of Corporate Guardian

A. Guardianship and Ward Information

1. Name of Corporate Guardian

2. Contact Person

3. Date of Appointment
   (mm/dd/yyyy)

4. Full Name of Ward

5. Date of Birth
   (mm/dd/yyyy)

6. Race

7. Gender

8. Living Arrangement
   (Please check appropriate box - choose one option only)
   □ Private Home
   □ Nursing Home
   □ State MR Facility
   □ Group Home
   □ State Psychiatric Hospital
   □ Jail/Prison
   □ Adult Care Home
   □ Unknown
   □ Other

   (Specify)

9. Primary Incapacity
   (Please choose two for dual diagnoses)
   □ Mental Illness
   □ Substance Use Disorder
   □ Physical Disease/Injury
   □ Dementia
   □ Unknown
   □ Intellectual and/or Developmental Disability
   □ Other

   (Specify)

10. County where Ward resides

11. Medicaid County

12. County Where Guardian's Agency is Located

13. Type Guardianship (Please check appropriate box)
   a. Interim Guardianship □ of Person □ of Estate □ General
   b. Limited Guardianship □ of Person □ of Estate □ General
   c. Full Guardianship □ of Person □ of Estate □ General

B. Termination Reasons

1. Ward has died
   (mm/dd/yyyy)
   Date

2. Ward's competency has been restored
   (mm/dd/yyyy)
   Date

3. Guardianship has been transferred to
   (mm/dd/yyyy)
   Date

C. Authorization From Guardian

1. Signature of Guardian

2. Date
   (mm/dd/yyyy)

3. Corporation Name
   (mm/dd/yyyy)
   Date

* Additional instructions for completion of this form are listed on Sheet 2