DEAR COUNTY DIRECTOR OF SOCIAL SERVICES AND AREA MENTAL HEALTH PROGRAM DIRECTOR:

ATTENTION: ADULT CARE HOME CASE MANAGERS AND THEIR SUPERVISORS

We are pleased to offer the Adult Care Home Case Management Services Basic Training in two locations in March and April 2003. The one-day workshop is designed specifically for adult care home case managers working either in county departments of social services or in area mental health/developmental disabilities programs.

The full day of training provides participants an opportunity to learn the policies contained in the Adult Care Home Case Management Services Manual (Volume V, Chapter IX of the Family Services Manual). The workshop will begin with registration at 8:30 AM and will end by 4:30 PM. By the end of the workshop, participants will have a working knowledge of Adult Care Home Case Management Services policy, procedures, and practice guidelines. It is primarily directed to new adult care home case managers or those staff who have not previously received the Adult Care Home Case Management Basic Training.

Geoff Santoliquido, Adult Services Program Coordinator, will conduct the workshops. County staff may register for whichever workshop location is most convenient. Each county may register as many persons as deemed appropriate unless space becomes an issue at a particular training site. Duplicate the enclosed registration form as necessary to accommodate the number of people attending the training.

You must pre-register even though there is no registration fee. Due to State budget shortfalls, we regret that we are unable to provide refreshments at the breaks. Participants are welcome to bring their own snacks and beverages to the training event. Space is limited at each site, so please return registration at least two weeks in advance of the chosen event. Registrants will be sent a confirmation letter, directions to the workshop site, and a list of local lodging accommodations. If you need additional workshop information, you may contact your Adult Programs Representative or Geoff Santoliquido at (919) 733-3818.

Sincerely,

John T. Tanner, Chief
Adult and Family Services Section

Enclosure
JTT:gs
AFS-02-2003
To register complete the form below and mail or fax to:

Kathy Schindler  
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: ___________ 

County: ________________________________

E-mail address: ________________________________

Other job duties besides ACH/CMS: ________________________________

Supervisor’s Name: ________________________________ Phone: (  )__________________

*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:

<table>
<thead>
<tr>
<th>Site and Date</th>
<th>Date</th>
<th>Register by Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastonia (Gaston County DSS)</td>
<td>March 25, 2003</td>
<td>(register by March 11, 2003)</td>
</tr>
<tr>
<td>Rocky Mount (Edgecombe County DSS)</td>
<td>April 2, 2003</td>
<td>(register by March 19, 2001)</td>
</tr>
</tbody>
</table>

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

Vol. V, Ch. IX is available on the Internet at:
http://info.dhhs.state.nc.us/olm/manuals/dss/afs-09/man/index.htm

You may also request a copy of the manual by email: Geoff.Santolquido@ncmail.net
ACH/CMS Basic Training Agenda

<table>
<thead>
<tr>
<th>Event</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration</td>
<td>8:30 AM - 9:00 AM</td>
</tr>
<tr>
<td>Morning Session</td>
<td>9:00 AM – Noon</td>
</tr>
<tr>
<td>Lunch</td>
<td>Noon - 1:00 PM</td>
</tr>
<tr>
<td>(lunch on your own)</td>
<td></td>
</tr>
<tr>
<td>Afternoon Session</td>
<td>1:00 PM – 4:30 PM</td>
</tr>
<tr>
<td>Adjourn</td>
<td>4:30 PM</td>
</tr>
</tbody>
</table>

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

Vol. V, Ch. IX is available on the Internet at:
http://info.dhhs.state.nc.us/olm/manuals/dss/afs-09/man/index.htm

You may also request a copy of the manual by email: Geoff.Santolquido@ncmail.net