August 22, 2003

DEAR COUNTY DIRECTOR OF SOCIAL SERVICES:

ATTENTION: Adult Protective Services Supervisors

SUBJECT: ASSESSING AN ADULT’S CAPACITY TO CONSENT

The Division of Social Services is pleased to announce the availability of a one-day workshop entitled, Assessing An Adult’s Capacity To Consent. It will be offered in four locations across the state this year.

The workshop will provide participants an excellent opportunity to learn about and discuss mental capacity as it relates to Adult Protective Services (APS). Mental capacity will be defined and the differences and similarities between mental capacity and mental competence will be discussed. Lecture and small group discussion will be used to examine the degrees and components of mental capacity. Principles for determining whether an adult has or lacks capacity to consent to protective services will be explored, including using APS evaluation data to assist with making a decision about capacity to consent. Participants will learn the importance of obtaining help, when necessary, in making a capacity decision, and the importance of accurately and thoroughly documenting how the decision was reached.

Social workers and supervisors with responsibility for evaluating and planning service interventions in APS cases will benefit from attending this workshop. The workshop is being offered as an advanced level training (beyond the APS Basic Skills Training) for APS staff. All participants should have completed both Modules I and II of the Adult Protective Services Basic Skills Training before attending this workshop.

A maximum of thirty participants will be accepted at each of the training sites and registration will be accepted on a first come, first served basis. There is no cost for this training, however, you must pre-register. A registration form is attached. Please make copies as needed. Participants can expect to receive a confirmation letter and specific information about the training site after registering. Each workshop starts at 9:30 a.m. and will end by 4:00 p.m. There will be no on-site registration.
Dear County Director
Re: Assessing an Adult’s Capacity to Consent Training
August 22, 2003
Page 2

Please choose one of the workshops listed below and complete the attached registration form. If
the site you request is full, you will be notified and offered another site, if available. Refreshments will not be provided this year due to lack of funds, however, participants may bring their own drinks and snacks.

- **September 30, 2003**
  Buncombe County Department of Social Services
  40 Coxe Avenue
  Asheville, North Carolina

- **October 17, 2003**
  Edwin W. Monroe AHEC Conference Center
  2000 Tower Venture Drive
  Greenville, North Carolina

- **November 25, 2003**
  Guilford County Department of Social Services
  301 N. Eugene Street
  Greensboro, North Carolina

- **December 19, 2003**
  Cumberland County Department of Social Services
  1225 Ramsey Street
  Fayetteville, North Carolina

If you need additional information or have questions regarding the content of the workshops, please contact John Margolis, APS Program Consultant at (919) 733-3818, or your Adult Programs Representative. For all questions regarding registration, please contact Monica Nealous, Office Assistant, at the number referenced above.

To **insure registration** at the selected location, send your registration as soon as possible. A completed registration form may be mailed or faxed to Ms. Nealous at NCDSS / Adult & Economic Services, 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

JTT/jm
AFS-10-2003
Attachment
Have you attended the prerequisites for this training event?  
☐ Yes  ☐ No  
(For prerequisite information please refer to the training description)  
☐ Not Applicable for this Training

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)

Race/Ethnicity (Optional):  
☐ Caucasian  ☐ African American  ☐ Latino/Hispanic  ☐ Asian/Pacific Islander  ☐ Native American/Eskimo  ☐ Mixed Race

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:  
☐ Not applicable  ☐ County DSS - Permanent  ☐ County DSS - Temporary  ☐ County Non-DSS  ☐ Federal Agencies  ☐ State Agency/Public University  ☐ Private University/College  ☐ Private Agency/Business

Work Type:  
☐ Direct Client Service  ☐ Line Supervisor  ☐ Trainer/Staff Development  ☐ Program Manager  ☐ Program/Admin. Support  ☐ Director  ☐ Other  ☐ Not Applicable

Program Responsibilities:  
If you are NOT a county DSS worker, please skip to the next box  
(Check all that apply)

☐ Adult Care Home CMS  ☐ Adult Day Care  ☐ Adult Home Specialist  ☐ Adult Protective Services  ☐ Adult Services Intake  ☐ At-Risk Case Management  ☐ Attorney  ☐ Guardianship  ☐ In-Home Aide Services  ☐ Special Assistance  ☐ Trainer  ☐ Other

Other Roles:  
Complete this box if you are NOT a county DSS worker  
☐ Aging Services  ☐ Attorney/Judicial  ☐ Developmental Disabilities  ☐ Health/Medical  ☐ Law Enforcement  ☐ Long Term Care  ☐ Mental Health  ☐ Student/Student Intern  ☐ Substance Abuse  ☐ Vocational Rehabilitation  ☐ Other

Highest Degree:  
☐ HS  ☐ Masters  ☐ Associates  ☐ Doctorate  ☐ BSW/BSSW  ☐ MSW/MSSW  ☐ PhD/DSW

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? ___________________