DEAR COUNTY DIRECTOR OF SOCIAL SERVICES:

ATTENTION: Adult Protective Services Supervisors

SUBJECT: PROTECTING ADULTS IN FACILITIES TRAINING

The Division of Social Services is pleased to announce the availability of a two-day training entitled, Protecting Adults In Facilities. This workshop was developed in collaboration with county DSS Adult Services staff and was successfully piloted in three locations during the previous fiscal year. It is being offered six times during FY 2003-2004.

The workshop provides participants an excellent opportunity to learn about and discuss the function of Adult Protective Services (APS) in facilities. The curriculum furthers an understanding of the difference between protecting disabled adults and regulating facilities, stresses collaboration with other agencies and disciplines, and covers diverse methods of protecting disabled adults in facilities.

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 must 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. 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 begins at 9:30 a.m. and ends by 4:00 p.m. on the first day. The second day begins at 9:00 a.m. and ends at 3:00 p.m. There will be no on-site registration.
Dear County Director
Re: Protecting Adults in Facilities Training
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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 due to a lack of funds, however, participants may bring their own drinks and snacks.

**November 13-14, 2003**
Watauga County DSS
132 Popular Grove Connector, Suite C
Boone, North Carolina

**March 3-4, 2004**
McDowell County DSS
145 E. Court Street
Marion, North Carolina

**December 11-12, 2003**
Durham County DSS
220 East Main Street
Durham, North Carolina

**March 17-18, 2004**
Rowan County DSS
1236 West Innes Street
Salisbury, North Carolina

**February 12-13, 2004**
Chowan County Agricultural Center
730 North Granville Street
Edenton, North Carolina

**March 30-31, 2004**
Columbus County DSS
40 Government Complex Road
Whiteville, North Carolina

If you need additional information or have questions regarding the content of the workshops, please contact Vicki Kryk, APS Program Coordinator 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, North Carolina 27699-2405. FAX: (919) 715-0023. **On-line registration** is also available at [http://www.ncswtrain.org/](http://www.ncswtrain.org/).

Sincerely,

[Signature]

John T. Tanner, Chief
Adult and Economic Services Section

JTT/vlk

AFS-11-2003

Attachment
**Adult and Economic Services, NC Division of Social Services Registration Form**

(Forms faxed or mailed prior to the date registration opens will NOT be considered)

**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
- ☐ Associate
- ☐ Bachelor

**Highest Social Work Degree**
- ☐ 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? ____________________