August 29, 2003

Dear County Director of Social Services, Area Mental Health Director, Local Health Department Director and County Department on Aging Director

ATTENTION: Adult Services Staff

Subject: Training for Disinterested Public Agent Guardians

The NC Division of Social Services is pleased to offer basic guardianship training, Guardianship: A Systematic Approach, in three sites across the state during FY 2003-04. These two-day workshops are led by an attorney, a clerk of superior court, Division of Social Services staff and local human services professionals. The workshops are designed for directors and assistant directors of county departments of social services, area mental health authorities, local health departments, and county departments on aging who serve as disinterested public agent guardians. Program managers, supervisors, social workers, case managers, and others who provide guardianship services will also find these workshops beneficial.

The focus of these workshops is consistent with North Carolina General Statute 35A and Department of Health and Human Services (DHHS) policy requirements that all disinterested public agents receive training on the powers and responsibilities of a guardian. Information on guardianship law, DHHS policy requirements and practice guidelines related to guardianship service provision will be presented. An agenda for the workshops is attached.

The dates and locations for the workshops are listed below. Each workshop will begin at 9:00 AM and will end at 4:30 PM on both days. Check-in will be at 8:30 AM.

**Workshop Dates and Locations**

**October 2 – 3, 2003**  
Martin County Community College  
1161 Kehukee Road  
Williamston, NC

**January 15 – 16, 2004**  
Lee County Governmental Center  
106 Hilcrest Street  
Sanford, NC

**April 7 – 8, 2004**  
Watauga County Department of Social Services  
132 Popular Grove Connector, Suite C  
Boone, NC
Dear Director

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Participants must pre-register to attend these workshops, although there is no registration fee requirement. Registration information is attached. There is no limitation on the number of agency staff who may attend a workshop or on the workshop location they may attend. Please duplicate the enclosed registration information as necessary if more than one person from your agency plans to attend a workshop.

Registration forms must be returned at least two weeks in advance of the workshops. It is important that all information on the registration form be completed. Substitutions may be sent for staff who have registered for a particular workshop and are unable to attend. Persons who register for the workshops will be sent a confirmation letter, directions to the workshop site, and when available, suggestions about lodging accommodations.

Please share this information with the appropriate staff and mark these dates on your calendars. If you have questions or need additional information about the content of the workshops, please contact Rosalyn Pettyford, Guardianship Program Consultant at (919) 733-3818 or for county departments of social services, your Adult Programs Representative. For all questions regarding registration, please contact Monica Nealous, Office Assistant, at the number referenced above.

To insure registration at a selected location, send your registration as soon as possible after the date registration opens. The registration form may be mailed or faxed to Monica Nealous at NCDSS/Adult & Economic Services Section, 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,

[Signature]

John T. Tanner, Chief
Adult and Economic Services Section

Attachment

JTT: rp

AFS-14-2003
## Adult and Economic Services, NC Division of Social Services Registration Form

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

### Have you attended the prerequisites for this training event?
- [ ] Yes
- [ ] No
- [ ] Not Applicable for this Training

(For prerequisite information please refer to the training description)

<table>
<thead>
<tr>
<th>First Name:</th>
<th>MI:</th>
<th>Last Name:</th>
</tr>
</thead>
</table>

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

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 #):

<table>
<thead>
<tr>
<th>City:</th>
<th>State:</th>
<th>Zip Code:</th>
</tr>
</thead>
</table>

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:
- [ ] 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:
- [ ] Aging Services
- [ ] Attorney/Judicial
- [ ] Developmental Disabilities
- [ ] Health/Medical
- [ ] Law Enforcement
- [ ] Long Term Care
- [ ] Mental Health
- [ ] Student/Student Intern
- [ ] Substance Abuse
- [ ] Vocational Rehabilitation
- [ ] Other

### 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? __________________________
GUARDIANSHIP: “A Systematic Approach”

AGENDA

DAY ONE

8:30 AM  Check-In
9:00    Welcome/Introductions
9:15    Introduction to Guardianship
10:00   Alternatives to Guardianship
10:30   BREAK
10:45   Guardianship Services
12:00   LUNCH (On Your Own)
1:30    Legal Proceedings
2:45    BREAK
3:00    Legal Proceedings (cont.)
4:30 PM ADJOURN

DAY TWO

8:30 AM  Check-In
9:00 AM  Legal Proceedings
10:45    BREAK
11:00    Legal Proceedings (Skills Practice)
12:00    LUNCH (On Your Own)
1:30     Role & Responsibilities of the Public Agent Guardian
2:45    BREAK
3:00     Role & Responsibilities (cont.)
4:00     Wrap Up
4:30 PM ADJOURN