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: Guardianship Training for Supervisors, Social Workers, Case Managers and Others Providing Guardianship Services

The NC Division of Social Services is pleased to announce the workshop entitled, **Guardianship: “Planning Services With Wards and Their Families”**, will be offered in four locations across the state during FY 2003-04. This two-day workshop is primarily designed for agency staff with the day-to-day responsibility for guardianship service provision.

The focus of the workshop is to provide a framework for organizing work with wards and their families to create positive change and enhance decision making. This framework includes the following core activities: conducting a comprehensive assessment, identifying areas for change, establishing goals, planning services, implementing a service/treatment plan, monitoring, reassessment, and case closing.

**Completion of the basic guardianship training, “Guardianship: A Systematic Approach” is a prerequisite for attending this workshop.**

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

**Workshop Locations and Dates**

**November 6 – 7, 2003**
Craven County Department of Social Services  
2818 Neuse Boulevard  
New Bern, NC

**February 12 – 13, 2004**
Rowan County Department of Social Services  
1236 W. Innes Street  
Salisbury, NC

**April 15 – 16, 2004**
Guilford County Department of Social Services  
232 North Edgeworth Street  
Greensboro, NC

**May 13 – 14, 2004**
Mountain Area Health Education Center  
501 Biltmore Avenue  
Asheville, NC
Participants must pre-register for these workshops. There is no registration fee requirement to attend these workshops. A maximum of 35 participants will be accepted for each workshop site. Registration will be accepted on a first come, first served basis. Substitutions may be sent for staff who have registered for a particular workshop and are unable to attend.

Registration information is attached. It is important that all information on the registration form be completed. Registration forms must be returned at least two weeks in advance of the workshops. Please duplicate the registration information as necessary if more than one person from your agency plans to attend a workshop.

Prior to the workshops, participants will be sent a confirmation letter, directions to the workshop site, and when available, suggestions about overnight accommodations. Those attending should bring a copy of the North Carolina Division of Social Services, Family Services Manual, Volume V, Chapter VIII: Guardianship.

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. County departments of social services may contact their 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 site, 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 N 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

JTT: rp

Attachment

AFS-15-2003
**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)

<table>
<thead>
<tr>
<th>Have you attended the prerequisites for this training event?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>(For prerequisite information please refer to the training description) ☐ Not Applicable for this Training</td>
</tr>
</tbody>
</table>

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): (_____)

<table>
<thead>
<tr>
<th>Employment Type:</th>
<th>Work Type:</th>
<th>Program Responsibilities:</th>
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<tbody>
<tr>
<td>☐ Not applicable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ County DSS - Permanent</td>
<td>☐ Direct Client Service</td>
<td>☐ Adult Care Home CMS</td>
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<tr>
<td>☐ County DSS - Temporary</td>
<td>☐ Line Supervisor</td>
<td>☐ Adult Day Care</td>
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<tr>
<td>☐ County Non-DSS</td>
<td>☐ Trainer/Staff Development</td>
<td>☐ Adult Home Specialist</td>
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<tr>
<td>☐ Federal Agencies</td>
<td>☐ Program Manager</td>
<td>☐ Adult Protective Services</td>
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<tr>
<td>☐ State Agency/Public University</td>
<td>☐ Program/Admin. Support</td>
<td>☐ Adult Services Intake</td>
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<td>☐ Private University/College</td>
<td>☐ Director</td>
<td>☐ At-Risk Case Management</td>
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<tr>
<td>☐ Private Agency/Business</td>
<td>☐ Other</td>
<td>☐ Attorney</td>
</tr>
<tr>
<td></td>
<td>☐ Not Applicable</td>
<td>☐ Guardianship</td>
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<td>☐ In-Home Aide Services</td>
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<td>☐ Special Assistance</td>
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<td>☐ Trainer</td>
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Other Roles:
☐ Complete this box if you are ☐ 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

<table>
<thead>
<tr>
<th>Highest Degree</th>
<th>Highest Social Work Degree</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ HS</td>
<td>☐ BSW/BSSW</td>
</tr>
<tr>
<td>☐ Associate</td>
<td>☐ MSW/MSSW</td>
</tr>
<tr>
<td>☐ Bachelor</td>
<td>☐ PhD/DSW</td>
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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:
“Planning Services With Wards and Their Families”

AGENDA

DAY ONE

8:30 AM  Check-In
9:00     Welcome/Introductions
         Overview/Advocacy/Ethical Considerations
10:30    BREAK
10:45    Family Centered Practice
12:00    LUNCH (On Your Own)
1:00     Family Assessment & Change Process (Framework)
2:30     BREAK
2:45     Checklist for Change
3:30     Skills Practice
4:30 PM  Adjourn

DAY TWO

8:30 AM  Check-In
9:00     Goal Setting
10:30    BREAK
10:45    Goal Setting (cont.)
11:30    Skills Practice
12:00    LUNCH (On Your Own)
1:00     Planning Services/Treatment
2:45     BREAK
3:00     Skills Practice
3:30     Monitoring/Reassessment
4:00     Case Closing
4:30 PM  Adjourn