

**North Carolina Department of Health and Human Services
Notification of Appointment of Corporate Guardian**

A. Guardianship and Ward Information

Initial Change

1. Name of Corporate Guardian _____
 2. Contact Person _____
 3. Date of Appointment _____
 (mm/dd/yyyy)

4. Full Name of Ward _____
 5. Date of Birth _____
 (mm/dd/yyyy)
 6. Race _____

7. Gender _____

8. Living Arrangement
 (Please check appropriate box - choose one option only)

9. Primary Incapacity
 (Please choose two for dual diagnoses)

- Private Home
- Nursing Home
- State MR Facility
- Group Home
- State Psychiatric Hospital
- Jail/Prison
- Adult Care Home
- Unknown
- Other _____
(Specify)

- Mental Illness
- Substance Use Disorder
- Physical Disease/Injury
- Dementia
- Unknown
- Intellectual and/or Developmental Disability
- Other _____
(Specify)

10. County where Ward resides _____

11. Medicaid County _____

12. County Where Guardian's Agency is Located _____

13. Type Guardianship (Please check appropriate box)

- | | | | |
|-------------------------|------------------------------------|------------------------------------|----------------------------------|
| a. Interim Guardianship | <input type="checkbox"/> of Person | <input type="checkbox"/> of Estate | <input type="checkbox"/> General |
| b. Limited Guardianship | <input type="checkbox"/> of Person | <input type="checkbox"/> of Estate | <input type="checkbox"/> General |
| c. Full Guardianship | <input type="checkbox"/> of Person | <input type="checkbox"/> of Estate | <input type="checkbox"/> General |

B. Termination Reasons

1. Ward has died _____
(mm/dd/yyyy)
2. Ward's competency has been restored _____
(mm/dd/yyyy)
3. Guardianship has been transferred to _____
(mm/dd/yyyy)
4. Explanation (optional) _____

C. Authorization From Guardian

1. Signature of Guardian _____
 2. Date _____
 (mm/dd/yyyy)
 3. Corporation Name _____

*** Additional instructions for completion of this form are listed on Sheet 2**

Instructions for Completing DAAS 7016A

Complete **Section A** to request **Initial** appointments for wards.

Complete **Section A** to request the following changes:

- Change in the type of guardianship
- Change in the name of the Corporation/Guardian
- Change in ward's primary diagnosis
- Change in ward's living arrangements
- Change in ward's county of residence

Complete **Section A** and **Section B** to terminate a ward.

Complete **Section C** on all requests.

Mail Completed Form to:
NC Division of Aging and Adult Services
Adult Services Section
MSC 2101
Raleigh, NC 27699-2101
Fax to 919-733-0443
Attn: Guardianship Section

Transfer Options:
Family
Different Corporation
County DSS