

NC OAASIS - DHHS-AS-7016 (Guardianship) Disinterested Public Agent Guardian (DPAG)– Client Entry Form

The County Staff user enters the information in NC OAASIS, and it must be reviewed and approved for accuracy by a County Supervisor user or designated DSS leader with the County Supervisor role. Once approved, the form becomes active in the system and is considered officially reviewed and approved by DSS.

- ☐ Initial – Complete all fields on pages 1-3.
- ☐ Modification – Complete the County Selection and then fill in only the information that has changed.
- ☐ Termination – Complete all fields on page 4.

County Selection:

CNDS ID:	
SIS ID:	
Client's First Name:	Client's DOB:
Client's Last Name:	

Guardianship Details:

Director First Name:	Date of Appointment:
Director Last Name:	Medicaid County:
Case Manager First Name:	Client County of Residence:
Case Manager Last Name:	

Primary Incapacity: <input type="checkbox"/> Alzheimer's Disease/Other Related Disorders <input type="checkbox"/> Autism <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Epilepsy <input type="checkbox"/> Intellectual Developmental Disability <input type="checkbox"/> Mental Illness <input type="checkbox"/> Mental Impairment <input type="checkbox"/> Physical Illness <input type="checkbox"/> Substance Use <input type="checkbox"/> Traumatic Brain Injury <input type="checkbox"/> Other:	Living Arrangement: <input type="checkbox"/> Adult Care Home <input type="checkbox"/> Family Care Home <input type="checkbox"/> Group Home <input type="checkbox"/> Homeless Shelter <input type="checkbox"/> Jail <input type="checkbox"/> Multiunit Assisted Housing with Services (MUAHS) <input type="checkbox"/> Nursing Home <input type="checkbox"/> Prison <input type="checkbox"/> Private Home <input type="checkbox"/> State psychiatric facility <input type="checkbox"/> Other:
Living Arrangement Street:	Living Arrangement City:
Living Arrangement State:	Living Arrangement Zip Code:

Bond Details

You must select both the type and level of guardianship.

Type of Guardianship: <input type="checkbox"/> Guardian of the Person <input type="checkbox"/> Guardian of the Estate <input type="checkbox"/> General Guardian	Amount of Estate (if GOE/General):
Level of Guardianship: <input type="checkbox"/> Guardian of the Person <input type="checkbox"/> Limited Guardian of the Person <input type="checkbox"/> Guardian of the Estate <input type="checkbox"/> Limited Guardian of the Estate <input type="checkbox"/> Interim Guardian of the Estate <input type="checkbox"/> General Guardian <input type="checkbox"/> Limited General Guardian <input type="checkbox"/> Interim General Guardian	Amount of Bond (if GOE/General):
<input type="checkbox"/> Private Bond	

Journal Entry:

If the DSS requests a bond equal to or greater than \$30,000, a justification must be provided explaining why the individual's estate is not sufficient to cover the bond. This space may also be used to provide additional information to DHHS Division of Social Services – Adult Services staff, a supervisor, or another agency staff member related to the record.

Termination of Guardianship

*Complete all fields.

County Selection:

CNDS ID:

SIS ID:

Client's First Name:

Client's DOB:

Client's Last Name:

Termination Information

Termination Reason:

- ☐ Death of Ward
- ☐ Competency Restoration
- ☐ Guardianship Transferred

Termination Date:

If transferred, who was the guardianship transferred to?

- ☐ Family
- ☐ Guardianship Corporation
- ☐ County DSS

Enter any additional details related to this Guardianship Termination in the space below.