

**Notification of Appointment of Disinterested Public Agent Guardian
REQUEST FOR BOND COVERAGE/REMOVAL FROM BOND**

A. Guardianship and Ward Information Initial Change
1. Name of Public Agent Guardian **2. Title** **3. Date of Appointment**

(mm/dd/yyyy)
Date

4. Full Name of Ward **5. Date of Birth** **6. Race**

(mm/dd/yyyy)
Date

7. Gender _____

<p>8. Living Arrangement (Check appropriate box - choose one option only)</p> <ul style="list-style-type: none"> Private Home Nursing Home State MR Facility Group Home State Psychiatric Hospital Jail/Prison Adult Care Home Unknown Other _____ (Specify) 	<p>9. Primary Incapacity (Please choose two for dual diagnoses)</p> <ul style="list-style-type: none"> Mental Illness Substance Use Disorder Physical Disease/Injury Dementia Unknown Intellectual and/or Developmental Disability Other _____ (Specify)
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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	of Estate	of Estate	General
b. Limited Guardianship	of Person	of Estate	General
c. Full Guardianship	of Person	of Estate	General

14. Amount of Estate _____ **15. Amount of Bond:** _____ **16. SISID #** _____
 (N/A for Guardianship of the Person)

17. Private Bond (Check Box)
B. Request for Removal From Blanket Bond Coverage

Please remove the above named ward from the DAAS Blanket Bond for the following reason(s):

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

C. Authorization From Guardian

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

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

Instructions for Completing DHHS-AS-7016

Complete **Section A** to request **Initial** DAAS Blanket Bond coverage for wards when appointed guardian.

Please use the example below when calculating the bond amount.

Enter the total amount of ward's estate for Guardian of Estate & General Guardian in **Section A.14**. The bond amount will automatically calculate to **Section A.15**.

Social Security	=	900.00	per month
Retirement	=	400.00	per month
Total Amount of Estate	=	15,600.00	
Total Amount in Section A.14 will be	$15,600.00 \times 1.25$	=	19,500.00

Complete **Section A** to request changes to the initial coverage for wards when there is a:

- Change in the amount of the ward's estate
- Change in the type of guardianship
- Change in the name of the disinterested public agent guardian
- Change in ward's primary diagnosis
- Change in ward's living arrangements
- Change in ward's county of residence

Please highlight or clearly mark the type change that is being requested.

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

Complete **Section C** on all requests.

Completed forms should be sent via encrypted email to 7016.DHHSForms@dhhs.nc.gov

Transfer Options:	
Family	
Different Corporation	
County DSS	