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Section 1: Contact Information

- **Addresses and Phone Numbers**
Place important numbers here and have family and friends add their contact information.
- **Contact/Communication Log**
This is where you can keep notes about what you want to talk about or what others have talked to you about.

Section 2: Guardian Information

- Contact information for Empowering Lives Guardianship Services
- a letter from Empowering Lives Guardianship about how they will work with you and for you
- a copy of the Guardian of the Person Appointment Letter

Section 3: Emergency Procedures

Section 4: Healthcare/Medical Information

- List of healthcare contacts with phone numbers
- Medication List
- Medical Report – can be used with dentist, specialists and mental health

Section 5: NC General Statutes 35A (guardian of the person specific)

Your Guardian of the Person (Your Care) is:

Empowering Lives Guardianship Services LLC
PO Box 20786, Winston-Salem, NC 27120

Winston-Salem Office:

Stacey Skradski	(336) 714-9790	ext 1001
Cassandra Massenburg	(336) 714-9790	ext 1002
Erica Fears	(336) 714-9790	ext 1003
Vanda Thomas	(336) 714-9790	ext 1005
Ron Hardie	(336) 714-9790	ext 1012
Valerie Edwards	(336) 714-9790	ext 1014

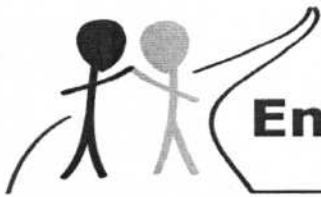
Raleigh Office:

Stacy Preddy	(919) 799-2223	ext 1006
OC Wardlow	(919) 799-2223	ext 1007
Yolanda McArthur	(919) 799-2223	ext 1008
Ashlei Brown	(919) 799-2223	ext 1009
Charles Gwynn	(919) 799-2223	ext 1010

Crisis Line:

Direct Line	(336) 655-2580	
Winston-Salem	(336) 714-9790	Option 9
Raleigh	(919) 799-2223	Option 9

Your Guardian Representative is: _____



Empowering Lives

Guardianship Services, LLC

Winston-Salem Office: Behavioral Health Plaza, G17 725 N. Highland Ave.

Raleigh Office: Pinewood Building, Suite 202 1001 Navaho Drive

Mailing Address:
PO Box 20786
Winston-Salem, NC 27120-0786

Fax (855) 771-8948
Winston-Salem: (336) 714-9790
Raleigh: (919) 799-2223

August 28, 2018

Dear _____,

We are writing to inform you that on, _____, in the office of the _____ County Clerk of Superior Court appointed Empowering Lives Guardianship Services LLC as your Guardian of the Person in accordance with NC Statute 35A. I have attached a copy of the Letter of Appointment of Guardian of the Person and a pamphlet on Guardianship for your convenience. Under this ruling your guardian will:

- Make decisions for your care
- Make decisions for your treatment
- Make decisions on where you will live
- Sign all legal documents
- Work as your advocate
- Arrange for someone to handle your money and your bills.
- Communicate with your Power of Attorney or Guardian of the Estate
- Include you in the decision making process
- Assist you in regaining your competency when appropriate

Empowering Lives Guardianship Services LLC (ELGS) wants to work with you and wants to explain our expectations for your behavior and cooperation.

- You are expected keep all medical and psychiatric appointments and take medications as prescribed.
- You are expected work with all mental health service providers and follow recommendations.
- You are expected to call the Guardian Representative or your case manager when you need assistance
- You are expected to reside at _____ and abide by their rules.

ELGS acknowledges that you may not be happy will all decisions made by your Guardian, but ELGS does have your best interest in mind. Along those lines please be aware that:

- You have a guardian representative available to you by phone during normal working hours. Your guardian representative will be in touch within the next several days.
- ELGS will work with you to move to more independent housing after six months, if you have been medically and psychiatrically crisis free during those six months and it is your desire to move to something more independent.

Sincerely,

Cassandra Massenburg, NCRG

Stacey Skradski, NCRG/LRT/CTRS

Q. What is a guardian?

- A. A “guardian” is someone who is appointed by the Clerk of Superior Court to act on behalf of an incompetent adult. In North Carolina there are three types of guardians for an incompetent adult (ward), they are:

Guardian of the Person: This person makes decisions about the ward’s personal care and well-being, such as housing and medical decisions. The Guardian of the Person cannot handle the ward’s money.

Guardian of the Estate: This person handles the ward’s finances (estate), but cannot make decisions about the ward’s personal care and well-being.

General Guardian: The general guardian is someone who has the power to make personal decisions for and handle the finances of the ward. *(Last updated on 09/04/2001)*

Q. How is someone determined to be incompetent?

- A. A petition seeking to have someone declared incompetent must be filed. The person is entitled to a jury trial, or the matter may be heard before the Clerk of Superior Court.

Generally, there has to be medical or psychological evidence to assist the jury or Clerk in determining whether the person no longer has the ability to make decisions or care for himself or herself. *(Last updated on 09/04/2001)*



Name: _____

has a NC Court Appointed Guardian,

Empowering Lives Guardianship Services, LLC

Legal Guardianship Information

Legal Guardian of Person: Empowering Lives Guardianship Services, LLC
PO Box 20786, Winston-Salem, NC 27120

Office Numbers of Guardian Representatives:

Raleigh Office:

919-799-2223

Stacy Preddy ext. 1006
Ashlei Brown ext. 1009
Charles Gwynn ext. 1011

Yolanda McArthur ext. 1008
OC Wardlow ext. 1007

Winston-Salem Office: 336-714-9790

Cassandra Massenburg ext. 1002
Stacey Skradski ext. 1001
Carolyn Austin 336-970-7561
Mildred Burns ext. 1004

Valerie Edwards ext. 1014
Erica Fears ext. 1003
Vanda Thomas ext. 1005
Ron Hardie ext. 1012

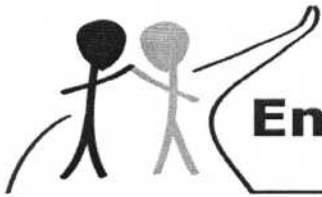
**After Hours and Crisis 24/7-
336.655.2580 or Office Number, Option 9**



**MUST BE PRESENTED
TO ALL PROVIDERS
AND DURING
TRANSFER OF CUSTODY**



Facility Staff and Guardian Must Be Notified Prior to Discharge



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Winston-Salem, NC 27120-0786

Fax (855) 771-8948

Winston-Salem: (336) 714-9790

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EMERGENCY PROCEDURES

IMPORTANT: As a provider of services or caretaker of an Empowering Lives Guardianship Services LLC Ward, we require the following procedures to be utilized during all emergency situations:

1. Seek appropriate treatment for the individual (provide first aid, call 911, call clinical home for psychiatric issues)
2. Notify the guardian representative in all instances where the Ward has been injured, is to be admitted to a treatment facility, requires emergency treatment or any type of medical care.
3. **In the event that you need to send the individual out to for an emergency, please send a copy of the Guardianship Appointment Letters and the Medical Stop Form with the Ward.** It is important that the staff member sending out the Ward get the name and position of the individual who they give the form to and document that in the Ward's Chart immediately.

After Hours/Weekends/Holidays/Immediate Need

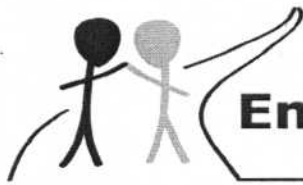
Direct Line 336-655-2580 or

Raleigh 919-799-2223 Option 9

Winston-Salem 336-714-9790, Option 9

Provider/Facility Staff or Caretaker will not consent to any treatment or care for the individual without the guardian's consent. If after diligent attempts have been made and the staff is unable to reach the guardian or the guardian representative(s) by telephone, the facility is to explain to the treating physician that the individual has a guardian (refer to the copy of the guardianship appointment letters provided to them earlier) and that the guardian could not be reached. The physician may choose to treat the patient, without consent in order to save the individual's life.

Provider/Facility Staff or Caretaker will notify the guardian representatives upon the Ward's discharge from/admission to a treatment facility, the delivery of emergency care or if a Ward walks away from the facility.



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Winston-Salem, NC 27120

Fax (855) 771-8948

Winston-Salem: (336) 714-9790

Raleigh: (919) 799-2223

Health Care Information

Date	Primary Care Physician	Contact information (practice, address, phone & fax)
Date	Specialist(s)	Contact information (practice, address, phone & fax)
Date	Dentist	Contact information (practice, address, phone & fax)
Date	Mental Health	Contact information (practice, address, phone & fax)
Date	Pharmacy	Contact information (practice, address, phone & fax)
Date	Other	Contact information (practice, address, phone & fax)

Medical Report

Dear Health Care Provider,

As this individual lives independently or with family and has a NC Court Ordered Guardian of the Person, Empowering Lives Guardianship Services LLC requests that the following form be completed at each Health Care Visit. We are encouraging the individual to live in the least restrictive setting while at the same time monitoring how the individual and/or their family carry out the request of the Health Care Provider. If you have any questions or concerns, please feel free to contact us at our office 336-714-9790 or on our crisis line 336-655-2580. If you have online records available, we would be happy to set up an appointment to develop a proxy account for this individual.

Patient Name: _____ Date Seen: _____

Reason for Visit: _____

Doctor's Name: _____ Phone: _____

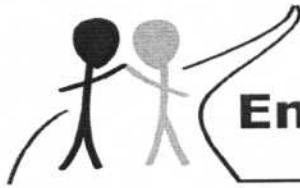
Findings/Recommendations:

Medications Changes:

Next Scheduled Visit:

____ Please contact us for a proxy appointment. Contact information: _____

Staff Completing Form: _____



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Medication Self Administration Pill Pack Record – 1x/day

Date Started	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date							
Taken							

Date Started	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date							
Taken							

Date Started	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date							
Taken							

Date Started	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date							
Taken							

Date Started	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date							
Taken							

