**2021 Direct Support Professional**

**Award Nomination Form**

*Calling for Nominations!*

*Anyone can nominate!!!*

Seeking nominations for any DSP that deserves special recognition for their work with at least one individual receiving services paid through the Division of Developmental Disabilities and/or the Adair County SB40 DD Board to provide supports or transportation in their home, in their community or at their place of employment. The individual served must live in **Adair, Putnam, Schuyler, Scotland or Sullivan County**, Missouri.

Do you know a Direct Support Professional who does a really good job of providing those supports or transportation? If so, please consider nominating that person for a **Direct Support Professional Award**.

**All you have to do is** **explain in 300 words or less (on the reverse side of this page) what makes this person an extra-special Direct Support Professional.** You may write out the nomination, or you may have someone else write it out for you, as long as it says what **you** think. However, the person you are nominating may NOT be the person who writes down what you say.

***Anyone can nominate but only ONE nomination per nominator may be submitted.***

**Please also answer the questions below:**

* The person I am nominating for the award works in (circle correct):

***Adair Putnam Schuyler Scotland Sullivan*** County.

* The person I am nominating for the award works for:

**(circle agency below or write in the name in the blank)**

Chariton Valley Association Community Opportunities Inc. Community Options Ellendel

Green Hills Superior Care Easter Seals High Hope Employment Services Hulett Enterprises

Judevine Kirk-Tran Learning Opportunities Missouri Mentor OATS Restoring Hope

Specialized Support Services Self-Directed Supports Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Once you have answered the TWO questions above, *and* written and signed your nomination on the back of this page, please give the form to any SB40 Staff member, return the formby **August 20**, 2021 to: **Adair County SB40, 314 East McPherson, Kirksville, MO 63501 or email** [**sb40@sb40life.org**](mailto:sb40@sb40life.org)**.**

**Please remember, the DEADLINE to return this nomination form is 8/20/2021**

The 2021 Direct Support Professional Awards are sponsored by:

Adair County SB40 Developmental Disability Board.

**My name is** (please print clearly):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Remember, please keep your response to 300 words or less and write clearly. You may also type the nomination on a separate page to this form, but the 300 word limit still applies.)

**I wish to nominate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of direct support professional to be nominated for award)**

**for the 2021 Direct Support Professional Awards because:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please check one of the boxes below, sign, and **return to Adair Co. SB40 by August 20, 2021:**

* I hereby confirm that **I wrote this nomination myself** in my own words.

Signature/mark\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* I hereby confirm that **I dictated this nomination to another person** who wrote down my words.

Signature/mark\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature and title/relationship of person witnessing signature if by mark and/or writing down the dictation:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_