NACM Award Nomination Form

Nominations should be submitted to Theresa Henning at nacm@yournacm.com or faxed to 402-441-4335 by no later than 7:00 PDT on August 29, 2016. Please note that your nominee references will be asked via email to complete a survey on the nominee.

IDENTIFYING DATA OF PERSON NOMINATING:

Name:_____ Organization:_____

Address:_____

Contact Phone Number (list office and cell if applicable):_____

Email Address:_____

IDENTIFYING DATA OF NOMINEE:

Name of Individual or Contact Person if Nominating an Organization/Program:_____

Program (if applicable):_____ Organization:_____

Address:_____

Contact Phone Number:_____

Email Address:_____

NOMINEE REFERENCES:

Please list three nominee references that would be able to rate the nominee based on the questions on page two:

Name:_____ Email Address:_____

Name:_____ Email Address:_____

Name:_____ Email Address:_____

WHICH AWARD ARE YOU NOMINATING FOR?

☐ Xcel Award (also complete page 2)

☐ Innovations in Case Management Practice (also complete page 3)

Xcel Award

WHICH CATEGORY ARE YOU NOMINATING FOR?

- ☐ Case Manager/Service Coordinator
- ☐ Peer Case Manager/Service Coordinator
- ☐ Case Manager/Service Coordinator Supervisor
- ☐ Case Management/Service Coordination Program/Organization

NOMINATION APPLCIATION: Please attach a document that addresses the following questions.

1. Please describe the service(s) provided by the nominee.

2. Please describe how the individual/organization demonstrates (via actions, events) the following personal qualities and/or values in their work:
   - Works effectively with other stakeholders
   - Solves problems creatively
   - Advocates for persons served
   - Advances self-determination for persons served
   - Advances recovery/resiliency for persons served

3. Are there any other distinct qualities of the individual/organization which merit recognition?

4. Is there any other information that you might like the committee to consider in making their decision?

SIGNATURE

I certify this application to be true to the best of my knowledge.

_____ _____

Signature of Person Nominating Date

Innovations in Case Management Practice

The award winner of the Innovations in Case Management Practice Award, sponsored by SAM, Inc. will receive reimbursement for airfare, meals during the conference and travel, conference registration, and hotel for one person to the 2017 Conference.

NOMINATION APPLCIATION: Please attach a document that addresses the following questions.

1. Please describe the service(s) provided by the nominee, including purpose of each service.

2. What are the specific methods the nominee utilizes to provide the service?

3. Please describe the innovative features of the service provided by the nominee.

4. Please describe the evidence of the effectiveness of the service being provided?

5. Please offer any evidence that the service is:
   - Mobile
   - Able to replicate across programs or staff
   - Fiscal viable
   - Efficient (e.g. has a positive effect on productivity)

6. Is there any other information that you might like the committee to consider in making their decision?

SIGNATURE

I certify this application to be true to the best of my knowledge.

_____ _____

Signature of Person Nominating Date