System of Care Recognition Nomination Category Descriptions

Academy V – June 26th – 28th Team Work Makes Dreams Work!

We want to honor those special individuals and agencies that have made a significant difference in expanding the work of System of Care in Georgia. Please nominate one person per category using the nomination form. Please describe how this person or agency has gone beyond their normal job responsibilities to support the System of Care in Georgia. The System of Care Academy V Awards will be presented at the Academy V Conference at Calloway Gardens in Pine Mountain, Georgia on the evening of June 27th. The deadline for submissions is June 18th.

Once you complete the attached nomination form, please click the submit button. If you have any questions or comments, please contact Ms. Laura Lucas at lauraplucas@gmail.com.

Categories

***** LOCAL – Affecting local communities and regional areas

- <u>Family</u> a parent or caregiver who promotes system change in their community or region.
- o **Youth** a youth (up to age 25) that promotes system change in their community or region.
- <u>Individual Partner</u> An individual whose partnership, collaboration and leadership has positively influenced system transformation within their local community.
- Community Agency Partner An agency that has demonstrated outstanding system of care work in their advocacy, collaboration, and service to youth and families in their community.

❖ STATE – Affecting state level decision making and policy

- <u>Family</u> a parent or caregiver who promotes system change in Georgia
- Youth a youth (up to age 25) that promotes system change in Georgia

- o <u>Individual Partner</u> An individual whose partnership, collaboration and leadership has positively influenced system transformation within Georgia.
- Community Agency Partner An agency that has demonstrated outstanding system of care work in their advocacy, collaboration, and service to youth and families in Georgia.

❖ LEGACY – 10+ years

- o <u>Family</u> a parent or caregiver who has promoted system change in their community or region for at least 10 years.
- o <u>Individual Partner -</u> An individual whose partnership, collaboration and leadership has positively influenced system transformation within their local community, region or the state of Georgia for at least 10 years.

System of Care Recognition Nomination Form

Academy V – June 26th – 28th/ Deadline for submissions is June 18 Team Work Makes Dreams Work!

Person being nominated				
Category: Please check only	Local : □ Family □ Youth □ Individual Partner □ Community Agency Partner			
one box per nomination	State: □ Family □ Youth □ Individual Partner □ Community Agency Partner			
	Legacy: □ Family □ Individual Partner			
Nominee's name:				
E-mail Address:				
Phone number:				
Agency (if applicable)				
Person making the nomin	ation			
Person making nomination:				
Email address:				
Phone number:				
1. Supporting information	n for this nomination (limit 800 characters):			
2. Description of how the	y have demonstrated outstanding support of system of care			
and service to children	/families (limit 800 characters):			
3 Other accomplishment	s toward System of Care work (limit 800 characters):			
3. Other accomplishment	s toward system of care work (time ood characters).			

Please use this page for additional comments if needed. Comments should be no more than 3,000 characters.					

 ${\it If you have questions or comments, please contact Laura Lucas at \underline{lauraplucas@gmail.com}.}$