



Adult Foster Care Providers Direct Support Professional Award Nomination Form

1. The Direct Support Professional Award is presented to an individual that has shown commitment and dedication to providing quality support services for individuals with mental illness and/or developmental disabilities.
2. Nominees should include individuals who provide direct services to individuals with mental illness and/or developmental disabilities. Nominees should go above and beyond what is expected in the normal performance of their job.
3. Awards will be presented in the following categories:
 - *Golden Heart* (Big Heart)
 - *Natural Supports* (Partner with community resources)
 - *Fund Raising* (Creative finances)
 - *Best Advocate* (Always putting “People First”)
 - *Medical Support* (Assisting with health concerns)
 - *Recreation/Leisure* (Involves people in a variety of Fun Times)

Name of Nominee: _____

Nominated By: _____

Nominee’s Title, Place of Employment, and Phone Number: _____

Please provide a description (on the reverse side of this sheet) of the nominee’s contributions to helping persons with disabilities and or mental illness lead richer lives through involvement in community, family, church, medical and business opportunities, or recreational activities.

Please be sure to include the above information on all nominations.

Written nominations should be submitted to:

AFC Providers
1405 Watch Hill Dr
Flint MI 48507

Nomination Deadline: Dec 1st

Please contact Shevelle at 810-547-1763 if you have questions.

