

Families Together in New York State

2019 Annual Conference

Sunday, May 5 & Monday, May 6, 2019 Marriott Hotel, Albany, NY

Building Strong Roots for Success: *Integration for Family Wellness*

AWARDS NOMINATION FORM

Families Together in New York State will present awards to individuals and/or programs that have accomplished outstanding achievements on behalf of families of children and youth with social, emotional, behavioral health challenges and/or cross system involvement. These awards will be presented during the Annual Conference Reception which will be held on Sunday, May 5, 2019.

The Families Together Awards Subcommittee requests your assistance in determining which individuals and/or programs will receive these awards.

Please fill out this form and return by fax or email no later than Friday, April 5, 2019.

We will contact the nominator's and the nominee's the week of April 16, 2019.

We will only contact the nominator's and nominee's chosen. If you have not heard by April 16-20, 2019 your nomination was not chosen this year.

You may nominate as many individuals or programs as you would like, but please use separate forms for each nomination. Nominations do not guarantee an award and must be kept confidential.

Following the review of all nomination forms, the Awards Subcommittee will make the final determinations of awards. Families Together employees and board members are not eligible for nomination.

AWARD CATEGORIES (check the applicable category for nominee)

- ☐ Outstanding Family Peer Advocate ☐ Outstanding Youth Peer Advocate
☐ Exceptional Service Provider

Nominee: _____

Affiliation: _____

Nominee Address: _____

City / Zip: _____

Tel: _____ **E-Mail:** _____

Nominee is (check all that apply):

- ☐ Parent / Caregiver or Family Member of a Child / Youth with Mental Health and/or Cross System Challenges ☐ Youth with Mental Health and/or Cross System Challenges
☐ Advocate ☐ Policymaker ☐ Educator ☐ Organization
☐ Other Service Provider ☐ Volunteer/Concerned Citizen

Has the Nominee ever been previously recognized by peers or community?

- ☐ NO ☐ YES (Please Explain): _____

On a separate sheet of paper, provide a brief description of the Nominee's contribution to empowering families, youth and communities in relation to children and youth with cross-systems needs, social, emotional and/or behavioral challenges.

Nomination Submitted by: _____

Affiliation: _____

Your Address: _____

City / Zip: _____

Tel: _____ **E-Mail:** _____

Deadline: Friday, April 5, 2019

Please forward completed nomination forms to:

Email: Lrivera@ftnys.org **Fax:** 518.434.6478

Mail: FTNYS, ATTN: Laurie Rivera, 737 Madison Avenue, Albany, NY 12208

QUESTIONS? Contact Laurie Rivera at 518.432.0333