Direct Support Professionals (DSPs) are vital to the life experiences of many people with disabilities in Maryland. The incredible dedication and contribution of DSPs has never been clearer than these past few months. These essential employees have continued to provide supports during this health crisis in homes, communities and workplaces. As Direct Support Professionals on the front lines, these dedicated heroes are the key difference between community participation and isolation for those with disabilities.

The Maryland Department of Disabilities (MDOD) and the Developmental Disabilities Administration (DDA) join others throughout the United States in marking September 13th through September 19th, 2020 as DSP Recognition Week and plan to honor these outstanding Marylanders. While we can’t be together in person, our celebration will be no less special. Help us by nominating an outstanding DSP for recognition. If chosen, your nominee will be recognized during our virtual celebration.

Nominate a Direct Support Professional in the following areas who provides an example of service which supports and encourages full community participation for those with disabilities in Maryland. Please provide specific examples of how the nominee encourages and supports community participation.

**CATEGORIES:**

1. **Employment Support Professional**- A DSP who goes above and beyond to support integrated community employment for those with disabilities

2. **Community Living Professional**– A DSP who goes above and beyond to support full community participation and membership for those with disabilities
Complete the attached form and return to Kim McKay at Kimberly.mckay1@maryland.gov or 217 East Redwood Street, Suite 1300, Baltimore MD 21202 by September 1st.

This document is available in alternative accessible formats by request at 410.767.3654 or Kimberly.mckay1@maryland.gov

**Nomination Form**

<table>
<thead>
<tr>
<th>Check one:</th>
<th>Community Living DSP [ ] Employment DSP [ ]</th>
</tr>
</thead>
</table>

Name of Nominee: ________________________

Employer of Nominee (if applicable): ________________________

Maryland County Where Services Are Provided/Organization Is Located: ________________________

Name of Person Completing Form: ________________________

Place of Business of Person Completing Form: ________________________

Email of Person Completing Form: ________________________

Phone Number of Person Completing Form: ________________________

Relationship of Person Completing Form with Nominee: ________________________

*Please indicate how your nominee provides an example of service which supports and encourages full community participation for those with disabilities in Maryland. Use a separate sheet if necessary.*

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