

ANNUAL RECOGNITION AWARDS 2009

PART ONE: SELECT THE CATEGORY FOR THE NOMINATION

Please check off every category that applies

Outstanding New Foster Family: _____
(Fostering less than three years)

Outstanding Foster Family: _____

Outstanding Adoptive Family: _____

Outstanding Special Home Service Provider (SHSP): _____

PART TWO: INFORMATION ABOUT THE NOMINEE

Please provide as much information as possible. Information will vary according to the category of the nomination.

Name of individual/family being nominated: _____

Address: _____

Length of time nominee has been a foster/adoptive family: _____

Approximately how many children has the nominee fostered? _____

How many children has the nominee adopted? _____

Was the nominee's adoptive child adopted through DYFS? YES _____ NO _____

If not through DYFS, what agency was the child adopted? _____

PART THREE: NOMINATOR INFORMATION

Your Name: _____

Address: _____

Telephone: (____) _____ (____) _____
DAY EVENING

Are you a: *Check all that apply*

Resource Parent _____ Caseworker _____ Other _____