



## **AWARD NOMINATION FORM**

Please submit the Award Nomination Form to [nacm@yournacm.com](mailto:nacm@yournacm.com) no later than July 15, 2022. This process will include emailing your nominee references to ask him/her to complete a survey on the nominee.

### **PERSON SUBMITTING NOMINATION:**

Name: \_\_\_\_\_ Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### **NOMINEE:**

Name of Individual: \_\_\_\_\_

Program (if applicable): \_\_\_\_\_

Organization (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Is this person registered to attend the conference?      Yes      No

If no, will they be attending if awarded or who will attend to accept the award on their behalf? \_\_\_\_\_

List the person: \_\_\_\_\_

### **NOMINEE REFERENCES:**

Please list three nominee references that would be able to rate the nominee based on the survey:

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

**CHOOSE ONE AWARD OR BOTH:**

Xcel Award (also complete "Xcel Award Nomination")

Innovations in Case Management Practice (also complete "Innovations in Case Management Practice Nomination")

**Xcel Award Nomination**

**CHOOSE THE CATEGORY FOR WHICH YOU ARE NOMINATING:**

Case Manager/Service Coordinator

Peer Case Manager/Service Coordinator

Case Manager/Service Coordinator Supervisor

Case Management/Service Coordination Program/Organization

**NOMINATION APPLICATION:** Please attach a document that addresses the following questions:

1. Please describe the service(s) provided by the nominee.
2. Please describe how the individual/organization demonstrates (via actions, events) the following personal qualities and/or values in their work:
  - a. Works effectively with other stakeholders
  - b. Solves problems creatively
  - c. Advocates for persons served
  - d. Advances self-determination for persons served
  - e. Advances recovery/resiliency for persons served
3. Are there any other distinct qualities of the individual/organization, which merit recognition?
4. Is there any other information that you might like the committee to consider in making their decision?

**SIGNATURE**

I certify this application to be true to the best of my knowledge.

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Signature

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Date

# Innovations in Case Management Practice Nomination

The award winner for the Innovations in Case Management Practice Award, sponsored by SAM, Inc., will receive reimbursement for airfare, meals during the conference and travel, conference registration, and hotel for one person for the 2022 Conference in Atlantic City, New Jersey.

**NOMINATION APPLICATION:** Please attach a document that addresses the following questions.

1. Please describe the service(s) provided by the nominee, including purpose of each service:
2. What are the specific methods that the nominee utilizes to provide the service:
3. Please describe the innovative features of the service provided by the nominee:
4. Please describe the evidence of the effectiveness of the service?
5. Please offer any evidence that the service is:
  - a. Mobile
  - b. Able to replicate across programs or staff
  - c. Fiscally viable
  - d. Efficient (e.g. has a positive effect on productivity)
6. Is there any other information that you might like the committee to consider in making their decision?

## SIGNATURE

I certify this application to be true to the best of my knowledge.

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Signature

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Date