

NOMINATION FORM 2019 Mental Health Champions' Award

Missouri Mental Health Champions are individuals who make positive contributions to their community, exemplify commitment and vision, and whose actions have increased the potential for independence in others with similar mental health conditions.

Annually, three individuals are selected from nominations received from across the State of Missouri. An award recipient is selected from each of the three nomination categories: mental illness, developmental disabilities, and substance use disorders. They are celebrated at the annual Mental Health Champions' Banquet in Jefferson City, held in their honor.

If you have any questions regarding the Mental Health Champions Award, please contact the Missouri Mental Health Foundation at (573) 635-9201 or mmhf@missourimhf.org

CATEGORIES

Persons may be nominated in one of three categories:

1. An individual with a diagnosed mental illness
2. An individual with a developmental disability
3. An individual in recovery from a substance or gambling addiction

NOMINATION APPLICATION

- Nominees must agree to allow their stories to be told.
- Those who nominate eventual winners may be asked to appear in a video tribute for that individual, along with others who have witnessed or who may benefit from the winner's noted accomplishments.

- Please type or print legibly -

NOMINEE INFORMATION:

Nominee's Name: _____

Organization (if any): _____

Category (required): _____ (Choose 1, 2, or 3 from Category list above – **MUST CHOOSE ONLY ONE CATEGORY**)

Address, City, State and Zip: _____

E-mail address: _____

Telephone number where nominee may be reached: _____

NOMINATION SUBMITTED BY:

Your Name: _____

Organization (if any): _____

Address, City, State and Zip: _____

E-mail address: _____

Telephone number: _____

NOMINEE VERIFICATION

- Please provide two references to verify the scope and extent of the nominee’s activities.
- References should be familiar with the nominee’s achievements, but not a family member or relative of the nominee.
- **The nominator does not count as a reference.**

Please provide the following information for references:

Reference #1

Name: _____

Organization (if any): _____

Address, city state and zip: _____

Phone: _____

E-mail: _____

Reference #2

Name: _____

Organization (if any): _____

Address, city state and zip: _____

Phone: _____

E-mail: _____

3. Describe the nominee's ability to plan, organize and/or develop ideas or projects, including working cooperatively with others. Please provide specific examples of their initiative and actions that increase the potential for independence in others with similar mental health conditions?

4. What, do you believe, is the nominee's goal to enhance their own life, as well as the lives of others that live with a mental health condition?

5. Other comments/information regarding the nominee:

INSTRUCTIONS FOR SUBMISSION OF NOMINATIONS

- **All nominees must sign a release form granting the Missouri Mental Health Foundation unlimited permission to use, film and publish their likenesses, as well as information about them.**
- **Nomination forms become the property of the Missouri Mental Health Foundation and will not be returned.**
- **Please do not send videos, scrapbooks, or binders. They will not be considered and cannot be returned.**
- **Print and fill out the nomination form and release form, then fax them to (573) 469-7268 or mail to: MMHF, 221 Metro Drive, Suite C, Jefferson City, MO 65109**

NOMINATION DEADLINE: December 5, 2018