



2018 STAR AWARD

NOMINATION PACKET

FOR

**18th Annual Bexar County Behavioral Health and
Wellness Conference**

**October 2018
Norris Conference Center**

San Antonio, Texas

2018 STAR AWARD

PURPOSE OF THE AWARD

The STAR Award is given in recognition of an individual or family who, through personal example, has overcome or broken down barriers in mental health, substance abuse, and intellectual and developmental disabilities and has become productive and successful in living their lives. It also recognizes the promoters and supporters of personal or community endeavors, community integration or inclusion, who have become champions and advocates for persons and families with mental disabilities.

2018 AWARD CATEGORIES: There are three main award categories. They are as follows:

1. Consumer Award

- a) Mental Health
 - Child (ages 12 and under)
 - Youth or Adolescent (ages 13-17)
 - Adult (ages 18 and over)
- b) Developmental/Intellectually Challenged
 - Child (ages 12 and under)
 - Youth or Adolescent (ages 13-17)
 - Adult (ages 18 and over)
- c) Substance Abuse
 - Child (ages 12 and under)
 - Youth or adolescent (ages 13-17)
 - Adult (ages 18 and over)

2. Family Award

(This category can include a family member within the family in the three subcategories listed above)

3. Corporate Hero Award

DESCRIPTION OF CATEGORY NOMINATIONS AND ELIGIBILITY

CONSUMER AWARD

Any Bexar County resident who has received, or is currently receiving, services from any provided across Bexar County for Mental Health (MH), Intellectually Disabled (to include pervasive personality developmental disorder and autism) or Substance Abuse and has broken down barriers and made significant achievements in their personal life, their family, or community.

FAMILY AWARD (This can also include a family member within the family)

Any Bexar County Family with an immediate family member with mental illness (MH), intellectual and developmental disabilities (IDD) or substance abuse, regardless of residence, who has significantly overcome barriers to family functionality, service acquisition, community integration, community inclusion, or promotion of the same.

CORPORATE HERO AWARD

Any company, business or corporation that has contributed significantly to the well-being and good quality of life of individuals with disabilities (MH, IDD, SA) through employment opportunities, educational or housing opportunities. This company, business or corporation has also endeavored through company efforts, to help persons with disabilities be able to live productive and independent lives through new treatment modalities and support services.

WHO MAY NOMINATE

Anyone who has knowledge of an individual's or group's efforts to improve the lives of persons diagnosed with mental illness, intellectual and developmental disabilities or substance use challenges may submit a nomination. This includes volunteers, consumers, parents/guardians, advocacy groups, sponsoring agencies, provider organizations, and The Center for Health Care Services advisory committees, staff, as well as the Conference Steering Committee.

CONFIDENTIALITY

Nominators will need to consider and resolve any confidentiality issues prior to nominating a consumer recipient or group. A signed release form from the nominee(s) or consumer (form attached) must accompany the nomination, if appropriate.

AWARD PRESENTATION

An award letter will notify awardees prior to the formal presentation of their award to be presented at the Bexar County Behavioral Health and Wellness Conference.

NOMINATION REQUIREMENTS

Each nomination packet must include the following **REQUIRED** material:

1. Completed nomination form (see attached)
2. A brief narrative detailing the contributions of the individual nominee, or group, in the field of mental health, developmental disabilities or substances abuse. The narrative must not exceed one page. It must be legible (type written not necessary). The narrative should **be specific** as to how the individual's or group's activities have improved the consumer's life.
3. Biography of the individual or group nominated. (One page)
4. **A signed release from a Consumer nominee(s) must be submitted with this packet. If any documents listed in numbers 1 - 4 are omitted from the packet, the nomination may not be considered**

SUBMITTING THE NOMINATION

The nomination package with completed nomination form and the materials described above must be mailed, emailed or hand delivered and received **no later than close of business on August 31, 2018.**

Mailing address:

The Center for Health Care Services
18th Annual Bexar County Behavioral Health and Wellness Conference
c/o Awards Committee, Attention: Rachel Halvaksz
6800 Park Ten Blvd., Suite 200-S
San Antonio, Texas 78213
E-mail: rhalvaksz@chcsbc.org

**2018 STAR AWARD
Nomination Form**

INFORMATION ABOUT PERSON OR GROUP BEING NOMINATED

Category:

- Consumer Award
- Family Award
- Corporate Hero Award

Name of person or group _____

Home Address _____

Phone Number _____

Name and Phone number of person coordinating for the group (if applicable):

(Please attach a list of the group's members. Include home address and phone numbers to this nomination form.)

INFORMATION ABOUT PERSON SUBMITTING NOMINATION

Name _____

Address _____

Phone Number _____

Work Address _____

Work Phone _____

This nomination packet must include:

- Completed Nomination Form
- Narrative, not to exceed one page
- Brief Biography, not to exceed one page
- Signed Nominee(s) Release Form (If appropriate)

The completed nomination packet must be mailed, emailed, or hand delivered and received no later than by close of business on August 31, 2018 to:

The Center for Health Care Services
18th Annual Bexar County Behavioral Health and Wellness Conference
c/o Awards Committee, Attention: Rachel Halvaksz
6800 Park Ten Blvd., Suite 200-S, San Antonio, TX 78213
Email: rhalvaksz@chcsbc.org

**2018 STAR AWARD
Narrative Form**

Nominee or Group: _____ (Please print or type a one page narrative about your nominee. Be specific. Use the eligibility requirements for consumer, family member, corporate hero award, or pinnacle on page 3 as a guide to focus your comments.)

**2018 STAR AWARD
Biography Form**

Nominee or Group _____
(Please print or type the Nominee's or Group's biography. *Be Brief.* This information is used for the introductions and not to support or continue the narrative. A paragraph can be sufficient.)

Consent for Publication

By my signature below, I give The Center for Health Care Services consent to interview, photograph, film, and/or record _____ for the following uses: Any publicity activities associated with the 2018 Bexar County Behavioral Health and Wellness Conference and the events associated with it.

(Name of Organization)

(Name of Nominee)

I understand that the materials may be reproduced, reprinted or published in any form by this organization, except as restricted in the following ways (for example, time limits, or limits in use of the individual's name): _____

I understand that I may withdraw my consent or revise the restrictions on it at any time. I also understand that the organization is not liable for any actions taken in reliance of my consent as given here before the consent is withdrawn or revised. To withdraw or modify consent, I must contact the organization at:

The Center for Health Care Services
Attention: Rachel Halvaksz
6800 Park Ten Blvd., Suite 200-S
San Antonio, Texas 78213
210-261-1012

This signature is optional for non-consumers.

Print or Type Name of Individual

Signature of Individual

Date

Print Name of Legal Representative

Signature of Legal Representative

Date

Type of Legal Representative (Legal Guardian or if individual is deceased, personal representative)