



Awards Ceremony Nomination Form

Service Provider of the Year

Purpose To recognize a direct care staff who has demonstrated exceptional sensitivity to people with disabilities and who has exhibited quality work within the position held.

Eligibility Any person who has been a direct care staff for at least one year and who has made a positive impact on the lives of people with disabilities.

Basis for Selection Individuals considered for this award must have:

- Strived to help individuals reach a greater degree of independence and a better quality of life
- Provided the means to achieve a greater concept of self determination
- Demonstrated a positive attitude toward individuals with disabilities.

Nominee _____

Address _____

City _____ **State** _____ **Zip** _____

Phone _____ **(h)** _____ **(o)** _____

1. Background of Nominee (please list a brief summary of candidate's education, interests and other activities).
2. How has this individual improved the life of a people with disabilities?.
3. What special attributes or qualities make this service worker exceptional?
4. Please share any other information you believe would be valuable in the decision process.
5. List any honors or awards this person has received previously.

Nominator _____

Address _____

City _____ **St.** _____ **Zip** _____

Phone _____ **(h)** _____ **(o)** _____

Please return this form to:

The Arc of East Central Iowa
680 2nd St. SE, Suite 200
Cedar Rapids, IA 52401