

**TREATMENT FOSTER CARE AWARD**

Each year MSSA recognizes those who have made significant contributions to the health and human service field with awards presented at the Annual Training Conference and Expo. This is your opportunity to recognize someone in the field that has done so in the past year with a nomination for the Treatment Foster Care award.

Name of nominee: Licensing Agency:

*Please note: If licensing agency is not the agency submitting the nomination, please ensure that the licensing agency is aware of the nomination.* **Address: City/State/Zip: Phone: Email:**

*To complete the nomination process, please provide detailed answers to the questions below about the individual or group that you would like to recognize. If you need additional space to write, feel free to write on the back of the form or type your answers on a separate sheet.*

What makes this foster care provider unique? What do they do that sets them apart from other providers?

Describe the nominee’s commitment to the foster care program - i.e., length of service, number of placements, intensity of client service and dedication.

Describe the nominee’s ability to recognize and meet the child’s needs for support and care while encouraging growth.

Describe the nominee’s ability to work with family members and prepare the children for reunification in the home or other permanent living arrangements.

Describe the nominee’s ability to work with the placing agency and community.

Does the nominee participate in any community projects or activities that promote and strengthen the foster care delivery system?

Your name: Organization:

MSSA Region:

Phone:

Email:

Signature/Date: