

# Mental Health Services Act (MHSA) Awards Nomination Form

Deadline for submission is:

**Tuesday, September 26, 2017, at 5:00pm**

Please note:

**No late nominations will be accepted after this deadline.**

To ensure that your nominee receives consideration,  
please allow yourself ample time to submit your nomination form.

**The 2017 MHSA Awards Ceremony will be held on  
Thursday, October 26th, 2017, from 10:00am-1:30pm  
at the Scottish Rite Masonic Center, 2850 19<sup>th</sup> Ave, San Francisco CA 94132**

## What are the MHSA Awards?

The MHSA Awards Ceremony honors the achievements in mental health recovery  
of current and former clients in MHSA-funded programs in San Francisco.  
**All staff and peers** of MHSA-funded programs are invited to nominate clients.

Please email, fax, mail, or hand-deliver  
[the completed front and back of the second page](#)  
of this nomination form to:

**Mental Health Association of San Francisco (MHASF)**

**Attention: Lisa-Sun Gresham**

**870 Market Street, Suite 781**

**San Francisco, CA 94102**

**FAX: (415) 421-2928**

**[lisa-sun@mentalhealthsf.org](mailto:lisa-sun@mentalhealthsf.org)**

Download this nomination form at [www.mentalhealthsf.org](http://www.mentalhealthsf.org)

**Only COMPLETE Nomination Forms will be considered by the  
MHSA Awards Selection Committee.**

**Review Process:** This form will be sent for review to the MHSA Awards Planning Committee, which is  
made up of peers, community partners, and MHSA/MHASF staff. They will then make the selections and  
notify all Award Nominees **by Thursday, October 12th, 2017.**

**\*\*For questions about accessibility or to request accommodations,  
please call our dedicated MHSA Awards line at 415-341-9529.**

Please give us notice to provide such accommodations and access **by Friday, October 6th, 2017.**



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**The 2017 Mental Health Services Act (MHSA) Awards Ceremony will honor individuals and teams in these areas:**

***Achievement In Recovery • Peer of the Year • Peer Impact • Team of the Year***

**Achievement in Recovery Awards** will be awarded to current and former clients in MHSA-funded programs.

The **Peer of the Year Award** will be given to one (1) peer who demonstrates any kind of outstanding achievement in recovery.

The **Peer Impact Award** will go to one (1) peer who demonstrates outstanding achievement in recovery through paid or volunteer employment to listen, advise, and help fellow peers on their path to recovery.

**Team of the Year Awards** will be awarded to two (2) MHSA-funded teams who provide outstanding recovery services and supports.

**Peer Achievements may include but are not limited to:**

- Employment
- Financial independence
- Addressing legal issues
- Independent living
- Reducing the impact of substances
- Attending trainings
- Pursuing educational goals
- Improving physical health

**The winning teams will:**

- Be welcoming and culturally responsive
- Have peers represented as staff members
- Provide innovative and collaborative services
- Reduce stigma regarding mental health conditions
- Help clients to achieve recovery

**To nominate someone for a Peer of the Year or Peer Impact Award, please attach a cover letter describing their achievements.**

**To nominate someone for an Achievement in Recovery Award, please include 3 descriptive words at the bottom of this page.**

**To nominate a Team of the Year, please attach a cover letter describing the team's qualifications.**

**ABOUT THE NOMINEE:**

**Award Nomination category:** \_\_\_ Achievement in Recovery \_\_\_ Peer of the Year \_\_\_ Peer Impact \_\_\_ Team of the Year

\_\_\_\_\_  
**Full Name of Individual Nominee**  
**(Please write the name of the Nominee the way they want it on their certificate)**

**-Or-**

\_\_\_\_\_  
**Name of Team of the Year Nominee**

**Nominee's Contact Information:** Email: \_\_\_\_\_ Phone \_\_\_\_\_

**FULL NAME OF NOMINATING STAFF/PEER:** \_\_\_\_\_

**Nominator's Contact Information:** Email: \_\_\_\_\_ Phone \_\_\_\_\_

**Name of MHSA-funded agency where the nominated peer receives services:** \_\_\_\_\_

**REQUIRED FOR ACHIEVEMENT IN RECOVERY NOMINATIONS:** Please include 3 descriptive words (for example, "Leadership - Empathy - Support") that describe the nominee's achievements in recovery.

\_\_\_\_\_

# CONFIDENTIALITY NOTICE



**For: Individual nominating a potential award recipient**

I, the nominating staff/peer for this award, agree by signing this form that:

- I have informed my nominee that I have nominated them for a Mental Health Services Act (MHSA) Award, which they agree to.
- I have also informed my nominee that this form, which bears their name and personal information about their achievements in recovery, will be forwarded to the MHSA Awards Committee for review.
- I have given the nominee the opportunity to read the completed nomination form.
- Additionally, I have informed my nominee that if they are selected to receive an award, and choose to accept it, they will be publicly acknowledged by name during the Awards Ceremony, unless they request in writing not to be so acknowledged.

*Please know that this Awards Ceremony may be attended by SFDPH-MHSA (San Francisco Department of Public Health – Mental Health Services Act) staff, Mental Health Association of San Francisco (MHASF) staff, other peers & their guests, and service providers, and that some guests may be taking pictures throughout the event.*

\_\_\_\_\_  
Nominating Staff/Peer (Print Name)

\_\_\_\_\_  
Nominating Staff/Peer (Signature)

## NOMINEE'S APPROVAL

I, the nominee of this award, have been informed of the following and agree to the following:

- \_\_\_\_ (Initials) I agree to be nominated for an MHSA award
- \_\_\_\_ (Initials) By signing this form which bears my name and personal information about my achievements in recovery, I give permission to have it reviewed by the MHSA Award Committee.
- \_\_\_\_ (Initials) I have had a chance to read this completed form, and agree to its contents.
- \_\_\_\_ (Initials) I have been informed that if I am selected to be an award recipient, and choose to accept it, I will be publicly acknowledged by name during the Awards Ceremony.

*Please know that this Awards Ceremony may be attended by SFDPH-MHSA (San Francisco Department of Public Health – Mental Health Services Act) staff, Mental Health Association of San Francisco (MHASF) staff, other peers & their guests, and service providers, and that some guests may be taking pictures throughout the event.*

\_\_\_\_\_  
Nominee (Print Name)

\_\_\_\_\_  
Nominee (Signature)

Please notify us below of any accessibility accommodations (for example, wheelchair access, food allergies, etc.):

**Accommodations:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_