



Mental Health Partners Provider Recognition Nomination Form

Thank you for submitting a nomination for the Mental Health Partners Provider Recognition Program. We are pleased to provide this opportunity for you to highlight the successes, creative programming, and high quality service delivery of providers in our catchment area. Eligible providers are those who provide services within the counties of Burke and/or Catawba for a minimum of one year. Providers can serve any or all of the three disability areas (mental health, substance abuse, and developmental disability). Providers must be in good standing with all licensing, monitoring, and oversight agencies and this will be verified by Mental Health Partners staff.

The awards will be presented at a Provider Meeting and each nominee and nominator will be invited to the award presentation. Please complete the information below and attached questions and return by the last business day of November and May to:

Mental Health Partners
Attention: Jamie Sales
1985 Tate Blvd SE, Suite 529
Hickory, NC 28602

Information on the Organization Being Nominated:

Program, Project, or Service Nominated:

Nominated Provider Organization:

Address:

Contact Person:

Phone Number:

E-mail Address:

Information on Person Making Nomination:

Name:

Address:

Phone Number:

E-mail Address:

Relationship or Involvement with the Nominated Agency:

Please select the appropriate criteria for your nominee and answer the questions on the following page using no identifiable information (refer to "the nominee"). Your answers should be based on one or more of the following criteria. Response should be 200 words or less per question. Answers should be specific to the program, project, or service being nominated, not the agency.

Note: If you are a consumer or represent a consumer and need assistance completing this form, please call the Customer Service Department at Mental Health Partners at 1-877-484-2595.

