



NADD Ontario Chapter Recognition Award

The purpose of the NADD Ontario Chapter Recognition Award is to recognize an individual, group or team within Ontario whose contribution to the field of dual diagnosis is consistent with the NADD vision, mission and goals.

NADD Ontario Mission:

To advance mental wellness for persons with developmental disabilities through the promotion of excellence in mental health care.

NADD Ontario Vision Statement:

We envision a society wherein persons with an intellectual disability and mental health needs (dual diagnosis) and their families have full and equitable access to supports and services that promote and enhance their mental health and well-being.

Criteria for Selection:

There are 2 categories of potential recipients

1. Family members and persons with developmental disabilities,
2. Providers of service, students, academicians, researchers, educators, or administrators

Recipients will be selected by the Board of NADD Ontario based on their contribution to:

- Increasing the understanding and awareness of the abilities and needs of individuals with dual diagnosis, and/or
- Enhancing delivery of services to individuals with a dual diagnosis and their families, and/or
- Life time achievement.

Note: The nominee is not required to be a member of NADD

Nomination Process:

Anyone can nominate an individual, group or team by completing the attached form. All nominations must be made by or endorsed by a member of NADD. The completed nomination form is submitted to the member of the board in your region. This can be found on the web site <http://www.naddontario.org/>

The nominee(s) must be aware that their name(s) has been put forward prior to submission of the form.

Nominations must be received by February 15 of each year.

Award – will be announced at the Annual General Meeting

- Membership in NADD for 1 year,
- a plaque, and
- an autographed copy of the Dual Diagnosis book.



NADD ONTARIO CHAPTER RECOGNITION AWARD

1. Name of Nominee(s):

2. Contact Information:

Mailing Address:

Phone Number

E-Mail

3. Category of Nominee:

1. Family members or persons with developmental disabilities _____

2. Provider of service, student, academic, researcher, educator, or administrator _____

4. Reason for Nomination

a) Describe how nominee(s) contributed to increased understanding and awareness of the abilities and needs of individuals with dual diagnosis,

b) Describe how nominee(s) enhanced delivery of services to individuals with a dual diagnosis and their families

Date of Notification of Nominee(s) _____

Nominator:

Contact Information:

Address:

Phone #

E-Mail Address

Membership in NADD _____ Yes _____ No

If not a member of NADD please obtain endorsement from a member of NADD. See NADD Ontario Website for board member contact information
<http://www.naddontario.org/>

NADD Endorsee: _____

Date:

This completed form is submitted to a member of the NADD Ontario board in your region.