

Texas Council of Child Welfare Boards



Texas Council Child Welfare Boards
Awards Committee
P. O. Box 42363, Austin, TX 78704
Email address: awards@tccwb.org

Dear Regional Council Chairs:

Attached are the TCCWB Award Nomination Forms. Please retain a copy for your records and make copies to distribute to all county child welfare/CPS boards in your region as soon as possible. The forms will also be made available for download via our website, www.tccwb.org.

We have added an approval line for signature of the chair and identification of the county board making the nomination. This is an effort to improve the communication process through the local boards and regional councils prior to final selection and notification of honorees for recognition by TCCWB at our Awards Luncheon this fall in Austin.

There is space open on the bottom of each form for you to add your name, address and regional due date in order to get the correct forms returned to you. If we should receive them by mistake, we will forward them to you.

After your regional awards committee has narrowed local nominations to one per category, **please mail or email your packet of regional finalists (postmarked no later than June 2, 2017)** to the TCCWB Awards Committee at the above address. Feel free to contact us via email with questions or comments. awards@tccwb.org.

This year the male and female youth winners will not only be honored at our Awards Luncheon, but will also receive a \$1,000 cash prize! So remember, this is a statewide competition and you are the advocate for your nominee. We ask that narratives be informative, concise, and competitive. To nominate a youth, we require the ages and sex of the foster children nominees, along with their birthdays, the grade they are in and their major accomplishments. For the foster parent nominees, we need to know how long they have been foster parents, how many children they have fostered and if they have foster parented any special needs children. We require a picture of each nominee attached to the form that will be used for our Awards program. Also, the narrative length is limited to TWO (2) type written pages. It is suggested that the narratives be typed in no smaller than 12-point lettering with one-inch margins.

The TCCWB Executive Committee will review all the nominations submitted from the eleven Regions and will make the final selection for State Awards in each category. Again, please be sure to include complete and updated contact information so that we may easily notify the winners.

As always, we would appreciate each County Child Welfare Board and Regional Council donating to the TCCWB to help defray the expenses of the upcoming awards ceremony and youth financial awards. Your donations make this statewide recognition possible. Please make checks payable to TCCWB, and designate **2017 Awards Event**.

Thank you,
TCCWB Awards Committee



Texas Council of Child Welfare Boards
2017 Lynda & David Topp Award for
MALE OUTSTANDING YOUTH OF THE YEAR
Nomination Form

This award is to recognize a graduating male youth in foster care for his leadership or exemplary achievement. This award covers activities between June 2016 and May 2017. The winner will be honored at our Awards Luncheon in Austin, TX and a financial award is involved.

Nominee's Name: _____ Foster Parent: _____

Caseworker's Name: _____ County: _____ Region: _____

Caseworker's Email Address: _____

Caseworker's Mailing Address: _____

City: _____ Zip: _____ Telephone: _____

Nominee's Telephone Number: _____ **We must be able to contact the winner*

Nominee's Email Address: _____

Narrative: Youth **MUST** be in Foster Care System. Attach information, not to exceed two (2) pages. Please include, age, sex, birthday, grade in school and accomplishments. Required picture must be attached.

Submitted by: _____ Region: _____

Mailing Address: _____

Email Address: _____

City: _____ Zip: _____ Telephone: (_____) _____

Approved by: _____
(County Board Chair's signature) (Name of County Board)

Mailing Address: _____

Email Address: _____ Telephone: (_____) _____

Deadlines:

1. Nomination forms must be submitted to your Regional Council
2. Regional Councils may submit one (1) nomination from each category to TCCWB Awards Committee at the address below. Submissions **must** be postmarked by **June 2, 2017** to be eligible.

DUE TO REGIONAL COUNCIL BY:

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Texas Council of Child Welfare Boards
2017 Lynda & David Topp Award for
FEMALE OUTSTANDING YOUTH OF THE YEAR
Nomination Form

This award is to recognize a graduating female youth in foster care for her leadership or exemplary achievement. This award covers activities between June 2016 and May 2017. The winner will be honored at an Awards Luncheon in Austin, TX and a financial award is involved.

Nominee's Name: _____ Foster Parent: _____

Caseworker's Name: _____ County: _____ Region: _____

Caseworker's E Mail Address: _____

Caseworker's Mailing Address: _____

City: _____ Zip: _____ Telephone: _____

Nominee's Telephone Number: _____ **We must be able to contact the winner*

Nominee's Email Address: _____

Narrative: Youth **MUST** be in Foster Care System. Attach information, not to exceed two (2) pages. Please include, age, sex, birthday, grade in school and accomplishments. Required picture must be attached.

Submitted by: _____ Region: _____

Mailing Address: _____

E Mail Address: _____

City: _____ Zip: _____ Telephone: () _____

Approved by: _____
(County Board Chair's signature) (Name of County Board)

Mailing Address: _____

Email Address: _____ Telephone: () _____

Deadlines:

1. Nomination forms must be submitted to your Regional Council to be considered eligible.
2. Regional Councils may submit one (1) nomination from each category to TCCWB Awards Committee at the address below. Submissions **must** be postmarked by **June 2, 2017** to be eligible.

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Texas Council of Child Welfare Boards
2017 Award for
FOSTER PARENT OF THE YEAR
Nomination Form

This award is to recognize foster parents who have been outstanding in supporting CPS children.
This award covers services between June 2016 and May 2017.

Nominee's Name: _____ Region: _____

Nominee's Mailing Address: _____

Nominee's E Mail Address: _____

City: _____ Zip: _____ Telephone: _____

Caseworker's Name: _____ Telephone: _____

Caseworker's Email Address: _____

Placing Agency: _____

Narrative: Please tell us why this nominee is an outstanding foster parent(s) for our CPS children. Attach information including a photo, not to exceed two (2) pages.

Submitted by: _____ Region: _____

Mailing Address: _____

E Mail Address: _____

City: _____ Zip: _____ Telephone: (_____) _____

Approved by: _____
(County Board Chair's signature) (Name of County Board)

Mailing Address: _____

Email Address: _____ Telephone: (_____) _____

Deadlines:

1. Nomination forms must be submitted to your Regional Council
2. Regional Councils may only submit one (1) nomination from each category to TCCWB Awards Committee at the address below. Submissions **must** be postmarked by **June 2, 2017** to be eligible.

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Texas Council of Child Welfare Boards

2017 Award for

OUTSTANDING CPS LEADER Nomination Form

This award is to recognize an employee, program director, supervisor, caseworker, investigator, aide, or child assistant at any level in CPS who has been innovative or outstanding in supporting and promoting CPS programs. Special consideration is given to persons who worked directly with CPS volunteers between June 2016 and May 2017.

Nominee's Name: _____ Region: _____

Nominee's Mailing Address: _____

Nominee's E Mail Address: _____

City: _____ Zip: _____ Telephone: (____) _____

Supervisor's Name: _____ Telephone: (____) _____

Supervisor's E Mail Address: _____

Narrative. Please tell us how this nominee has contributed to the success of volunteerism and community support for services of CPS. List projects initiated or supported by nominee, innovations nominee has made to CPS volunteer program, and/or special volunteer emphasis which makes nominee deserving of recognition. Attach information including a photo, not to exceed two (2) pages.

Submitted by: _____ Region: _____

Mailing Address: _____

E Mail Address: _____

City: _____ Zip: _____ Telephone: (____) _____

Approved by: _____
(County Board Chair's signature) (Name of County Board)

Mailing Address: _____

Email Address: _____ Telephone: (____) _____

Deadlines:

1. Nomination forms must be submitted to your Regional Council
2. Regional Councils may only submit one (1) nomination from each category to TCCWB Awards Committee at the address below. Submissions **must** be postmarked by **June 2, 2017** to be eligible.

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Texas Council of Child Welfare Boards

2017 Outstanding Community Resource Nomination Form

This award is to recognize anyone/business/judge/media etc. who has been outstanding in supporting and promoting volunteerism to CPS programs. This person/business/media etc. should have worked directly with CPS volunteers between June 2016 and May 2017.

Nominee's Name: _____ Region: _____

Nominee's Mailing Address: _____

Nominee's E Mail Address: _____

City: _____ Zip: _____ Telephone: (____) _____

Supervisor's Name: _____ Telephone: (____) _____

Supervisor's E Mail Address: _____

Narrative. Please tell us how this nominee has contributed to the success of volunteerism and community support for services of CPS. List projects initiated or supported by nominee, innovations nominee has made to CPS volunteer program, and/or special volunteer emphasis which makes nominee deserving of recognition. Attach information including a photo, not to exceed two (2) pages.

Submitted by: _____ Region: _____

Mailing Address: _____

E Mail Address: _____

City: _____ Zip: _____ Telephone: (____) _____

Approved by: _____
(County Board Chair's signature) (Name of County Board)

Mailing Address: _____

Email Address: _____ Telephone: (____) _____

Deadlines:

1. Nomination forms must be submitted to your Regional Council
2. Regional Councils may submit one (1) nomination from each category to TCCWB Awards Committee at the address below. Submissions **must** be postmarked by **June 2, 2017** to be eligible for consideration by the Texas Council of Child Welfare Boards.

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Texas Council of Child Welfare Boards

2016 -2017 Rules for Child Welfare Board Volunteer of the Year

ELIGIBILITY:

Each nominee must be an active member (or has become inactive within the past twelve (12) months) of a Texas County Child Welfare Board (CWB), a regional CWB delegate, or TCCWB delegate.

CRITERIA FOR NOMINATION:

1. Only volunteer activities on behalf of abused or neglected children in Texas will be considered.
2. The TCCWB will recognize one (1) volunteer from all the regions.
3. Nominees should have been prominent in supporting and promoting CPS programs.
4. The award covers activities between June 2016 and May 2017.
5. Previous nominees may be re-nominated.

SUBMITTAL:

1. A statement clearly describing the service and activities of the nominee must be included on this form or in attachments. Attachments may not exceed two (2) typewritten pages.
2. Any materials submitted to the TCCWB will become property of TCCWB and should be unrestricted for reproduction by the TCCWB.

JUDGING:

The TCCWB suggest that a Regional Council Steering Committee made up of Regional Council members (and PRS staff, where appropriate), be appointed to review the nominations and to select one (1) winner for the region. A nomination submitted to TCCWB by Regional officials will be final.

DEADLINE:

As Regional Council programs differ, deadlines for nominating a regional volunteer may also differ. Be sure to check with your regional delegate or chairman to determine the regional deadline.

**The deadline for the submission of nominations is due to
TCCWB Awards Committee by **June 2, 2017.****

**REMEMBER ONLY ONE VOLUNTEER AWARD SUBMISSION FROM EACH
REGIONAL COUNCIL WILL BE ACCEPTED.**

Texas Council of Child Welfare Boards



2017 Lucille Rochs Award For VOLUNTEER OF THE YEAR Nomination Form

This award is to recognize a member of a county or regional child welfare/CPS board.
This award covers volunteer service between June 2016 and May 2017.

Nominee's Name: _____ Region: _____

Nominee's Mailing Address: _____

Nominee's E Mail Address: _____

City: _____ Zip: _____ Telephone: _____

Narrative: See requirements attached to this sheet. Attach information including a photo, not to exceed two (2) pages.

Submitted by: _____ Region: _____

Mailing Address: _____

E Mail Address: _____

City: _____ Zip: _____ Telephone: (_____) _____

Approved by: _____
(County Board Chair's signature) (Name of County Board)

Mailing Address: _____

Email Address: _____ Telephone: (_____) _____

Deadlines:

1. Nomination forms must be submitted to your Regional Council
2. Regional Councils may only submit one (1) nomination from each category to TCCWB Awards Committee at the address below. Submissions **must** be postmarked by **June 2, 2017** to be eligible.

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