

**2009**

**Direct Support Professional  
Award Recipients**

Margaret Saladin Community Living, Inc.	Overall Award
Patrick Lowth St. Louis Arc	Employment
Lois Loy Emmaus Homes	Day Services
Janie Alexander Community Living	Residential
Tracy Mertz United Services	Education
Duane Ludwig Family Support Services	Recreation
Carmen Culpepper Children's Home Society	Respite
Kelisha Biship Emmaus Homes	Rising Star

**Congratulations!**



Developmental Disabilities  
Resource Board  
of St. Charles County



Coalition of Service Providers  
of St. Charles County

156 St. Peters Centre Blvd.  
St. Peters, MO 63376

**2010  
Direct Support  
Professional Awards**



## About the Direct Support Professional Award

The Direct Support Professional Award is given annually to an individual who provides direct support for individuals with developmental disabilities, who are dedicated to providing opportunities for the people they serve to become active, valued members of the St. Charles County Community.

Nominations may be based upon consistent and sustained service or an extraordinary single achievement and may be in one or more of the following service areas:

- **Employment**
- **Day Program**
- **Education**
- **Recreation**
- **Residential**
- **Respite**
- **Rising Star** (Employed two years or less)

## Awards

The Developmental Disabilities Resource Board of St. Charles County sponsors the following awards:

The overall winner of the Direct Support Professional award receives attendance to a professional or personal development program, seminar, class or conference of his/her choice up to \$1,500.

Outstanding Service Awards are given to the top categorical winners who receive attendance to a professional or personal development program, seminar, class or conference of his/her choice up to \$250.

All award recipients will be recognized at a reception held in their honor.

## Nomination Criteria

To be nominated, an individual must meet the following criteria:

- Be employed full or part-time in St. Charles County.
- Spend 85-100% of her/his time in direct support with no supervisory responsibilities.
- Demonstrate consistent, outstanding achievement.
- Exhibit sincere dedication.

## Nomination Form

Nomination forms are available online at the Developmental Disabilities Resource Board of St. Charles County website at:

[www.ddrb.org](http://www.ddrb.org)

Or contact your agency's Human Resource Department for a copy.

## Nomination Procedure

Anyone may nominate an eligible direct support professional by completing a nomination form and returning the form to:

DDRB of St. Charles County  
Direct Support Award Committee  
156 St. Peters Centre Blvd.  
St. Peters, MO 63376

Preference will be given to nominees who:

- Have a specific outcome(s) demonstrating how the nominee performed beyond his/her normal job duties to positively impact the life of an individual.

**DEADLINE FOR RECEIPT IS JULY 1, 2010**



**Coalition of Service Providers  
of St. Charles County**

156 St. Peters Centre Blvd.  
St. Peters, MO 63376

## Direct Support Professional Nomination Form

The St. Charles County Coalition of Service Providers is now accepting nominations for the 2010 Direct Support Professional Award.

Recipients of these awards are people who provide direct support for individuals with developmental disabilities and who are dedicated to providing opportunities for the people they serve to become active, valued members of the St. Charles County community.

**To be nominated, an individual must meet the following criteria:**

- A. Be employed full or part- time in St. Charles County,
- B. Spend 85-100% of her/his time in direct support,
- C. Demonstrate consistent, outstanding achievement,
- E. Exhibit sincere dedication.

**Please check employment category of nominee:**

- Day Program     Education     Employment     Recreation     Residential     Respite  
 Rising Star (Employed two years or less)

Nominee: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Employing Agency: \_\_\_\_\_

Nominee's Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Submitted by: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Agency Executive Director Signature: \_\_\_\_\_

**Please answer the following questions.**

1. How long have you known the nominee? \_\_\_\_\_
2. How long has the nominee been with his/her current agency? \_\_\_\_\_
3. If you know, how long has the nominee worked in this field? \_\_\_\_\_

**PLEASE SEE PAGE 2 FOR ADDITIONAL INSTRUCTIONS**

