Requesting Nominations for the 2013

Paul Vanas Memorial Service Award

To be presented at the 22nd Annual New York State Third Age Providers Conference In Saratoga Springs May 9-10, 2013

Paul Vanas Memorial Service Award

This award is named after Paul Vanas, a New York State Office for the Aging employee who played a pivotal role in developing services for older adults. Through his work with Adult Day Care and the Ombudsman program, Paul became a founding member of the Third Age Committee. Paul was a leader in his field and a true friend of aging services advocates. This award was established in 1994 to recognize the contributions of individuals and programs that exemplify this same spirit of advocacy and dedication in providing service opportunities to older people with developmental disabilities.

Nominees will be considered in three categories:

1. Individual with an intellectual and/or developmental disability
2. Staff person/caregiver
3. Service Provider/Program

In each category, nominations are to be made for special contributions made by the individual, staff person/caregiver and/or program to enhance services and supports for older adults with intellectual and developmental disabilities in New York State.

Suggested criteria/information to include in your nomination are:

- Creative, innovative program services the nominee may have helped create
- Impact on the lives of older adults with developmental disabilities
- Testimonials from participants/families and other staff
- Years of service

Nominations must be submitted by April 9, 2013
by mailing, e-mailing or faxing to:

Martha Schunk
OPWDD Coordinator of Aging Services
44 Holland Avenue, 4th Floor
Division of Person Centered Supports
Albany, NY 12229

Phone (518) 473-5436 Fax: (518) 473-0054

E-mail: Martha.Schunk@opwdd.ny.gov

PAUL VANAS MEMORIAL AWARD NOMINATION BALLOT FORM	
Name of Person/Provider Nominated:	
Address: Phone# (Including area code)	
This nominee is a/an: (select by checking the appropriate category)	
	Individual with an intellectual and/or developmental disability
	Staff person/caregiver
	Service Provider/Program
NOMINATION INFORMATION (Suggested criteria/information to include) - Creative, innovative program services the nominee may have helped create - Impact on the lives of older adults with developmental disabilities - Testimonials from participants/families and other staff - Years of service (Attach additional sheets as needed)	
Contact Information for the person submitting the nomination: Name: Address: Phone Number (Including Area Code)	

SUBMIT THE COMPLETED FORM BY APRIL 9, 2013

Either mail, fax or e-mail as an attachment to:

Martha Schunk, Coordinator of Aging Services
NYS Office for People With Developmental Disabilities
44 Holland Avenue (4th Floor)
Albany, NY 12229
Fax# (518) 473-0054 **E-mail:** Martha.Schunk@opwdd.ny.gov