



**DEPARTMENT OF HUMAN SERVICES**  
**SENIORS & PEOPLE WITH DISABILITIES**  
500 Summer Street NE E02  
Salem, Oregon 97301-1073  
Phone: (503) 945-5811

**AUTHORIZED BY:** \_\_\_\_\_  
**Deputy Assistant Director**

**INFORMATION MEMORANDUM**  
**SPD-IM-02-041**  
**Date: July 24, 2002**

**TO:** Area Agency on Aging Directors CHS SDA Managers  
CHS/SPD Field Managers and Staff CHS SDA Assistant Managers  
CHS All Senior Program Managers CHS Central Office Managers

**SUBJECT: Request for Nominations for Disability Employment Awards**

**INFORMATION:** Each October the Oregon Disabilities Commission celebrates Disability Employment Awareness Month by honoring individuals and employers around the State. Please take time to nominate people who deserve this recognition for improving opportunities for person with disabilities to participate in Oregon's economic and social mainstream. Award recipients will be honored in a ceremony at the Capitol. By recognizing their accomplishments, we will increase public awareness that employing people with disabilities is good business. A packet of instructions and nomination forms for the five award categories is attached.

As we celebrate the 12<sup>th</sup> anniversary of the Americans with Disabilities Act, awareness that people with disabilities can work is still an important issue. The national 2000 Harris poll shows that people with disabilities lag well behind their non-disabled counterparts in terms of employment and economic well-being. As you can see from these numbers, people with disabilities are an underutilized resource.

- People with disabilities are more than three times as likely to live in poverty.
- Only 32% of Americans with disabilities aged 18 to 64 are working compared to 81% of those without disabilities.
- People with slight disabilities are 8 time more likely to be employed than people with very severe disabilities (64% versus 8% respectively).

Nominations must be received by **Friday, August 30, 2002**, at 1257 Ferry Street SE, Salem, Oregon 97301-4275. Thank you for making this celebration a local and statewide success.

**CONTACT:** Janine DeLaunay, ODC Exec. Director **PHONE:** 503-378-3142  
**E-MAIL:** [janine.delahunay@state.or.us](mailto:janine.delahunay@state.or.us) **FAX:** 503-378-3599

*State of Oregon*  
*Oregon Disabilities Commission*  
*Presents*

**2002 Employment Recognition Awards**  
**Program**

**Nomination Package**  
**Awards List:**

**Governor's Award**  
**Employer's Honor Roll**  
**Rehabilitation Provider of the Year**  
**Distinguished Service Award(s)**  
**Media Award(s)**

**Sponsored by:**

Oregon Disabilities Commission  
Department of Human Services  
Oregon Council on Developmental Disabilities  
Oregon Commission for the Blind  
Employment Department  
Oregon Business Leaders Network  
Oregon Rehabilitation Association  
Access Technologies, Inc.  
Office on Disability and Health of  
Oregon Health and Sciences University  
Oregon Association of Area Agencies on Aging and Disability

**The State of Oregon  
Oregon Disabilities Commission**

**Annual Employment and Empowerment  
Awards**

**Purpose**

The State of Oregon, through the Oregon Disabilities Commission and its partners, annually recognizes employers and people in the state who have made outstanding achievements in improving employment opportunities for people with disabilities.

Recognition is also given to a person with disabilities and/or an organization for empowering leadership, for removing barriers to employment and/or improving access to services and programs.

**Awards**

The Awards will be presented at the Annual Employment Recognition Ceremony held at the Capitol in October in celebration of National Disability Employment Awareness Month.

## Nomination Procedures

If you need the nomination packet in an alternate format or require accommodation assistance, please contact Oregon Disabilities Commission at 1-800-358-3117 V/TTY or 503-378-3142. V/TTY.

1. Nominations may be submitted by an individual, business, agency or organization.
2. Nominations must be on the official form. E-mail or computer disk responses are preferred. Please use a new form for each entry. Forms are available at [www.odc.state.or.us](http://www.odc.state.or.us)
3. Supportive materials and letters of support may be attached.
4. Nominations must be received in our office by **August 30, 2002** to be considered.
5. Nominations will be judged by a review committee appointed by the Oregon Disabilities Commission, Employment Committee.
6. Telephone interviews of nominees, nominators and other parties may be conducted.
7. Please submit on computer disk or as e-mail attachment each completed nomination packet to the following address:

### **Oregon Disabilities Commission**

1257 Ferry Street, SE  
Salem, OR 97301-4278

**Phone: Voice/TTY:** 1-800-358-3117 or 503-378-3142

**E-mail to:** [odc@state.or.us](mailto:odc@state.or.us)

**NOTE: Incomplete nomination packets will not be considered.**

We sincerely thank you for your interest and participation in our nomination process. We encourage you to re-submit nominees from previous years who were not selected at that time. Please plan to join us in celebrating the award winners at this year's ceremony in October.

**(1)**  
**Nomination for the Governor's Award**

This is the highest honor given to an outstanding Oregonian with a disability. The Governor's Award is based on outstanding and significant achievements in the world of work and note worthy contributions that increase awareness of people with disabilities in the workforce.

**Nominee's Name:**

**Address:**

**Day Phone #:**

**City, State Zip:**

**This Nomination is submitted by:**

**Organization:**

**Title/Relationship:**

**Address:**

**Day Phone # (include area code):**

**City, State, Zip:**

1. Describe the nominee's present and past accomplishments in areas affecting people with disabilities at the state or national levels. This involvement may include such areas as working with independent living centers, advocating for accessible housing or transportation, encouraging state and national legislation, and any other areas, which can ultimately lead to employment or empowerment of people with disabilities (if space provided is not sufficient, please continue on back of page with number of question stated).

2. Describe the nature of the disability. Include some details of the impact it has had in his or her life (If space provided is not sufficient, please continue on back of page with number of question stated).

3. Please list three references (for nominee) with daytime telephone numbers:

1. Name:

Title/Relationship:

Phone:

2. Name:

Title/relationship:

Phone:

3. Name:

Title/Relationship:

Phone:

## **Nominee Statement:**

I agree to participate in local, state or national publicity that may include newspaper articles, public service announcements or videotaping.

Nominee Signature \_\_\_\_\_ Date \_\_\_\_\_

## **Nominator Statement:**

All answers and statements are true and complete to the best of my knowledge.

Nominator Signature \_\_\_\_\_ Date \_\_\_\_\_

- The **deadline** for receiving entries in our office is Friday **August 30, 2002**.
- Mail or e-mail the completed nomination on disk or as an attachment to:

### **Oregon Disabilities Commission**

1257 Ferry Street, SE

Salem, OR 97301-4278

E-mail: [odc@state.or.us](mailto:odc@state.or.us)

**(2)**

## **Nomination for Governor's Honor Roll for Employers of Persons with Disabilities**

The Employer of the Year Awards bestows recognition on employers for outstanding achievements in hiring, retaining and advancing people with disabilities. Employers must be a business whose mission does not directly relate to rehabilitation/employment of persons with disabilities.

**Company Name:**

**Person/Department being recognized:**

**Address:**

**Day Phone (including area code):**

**City, State, Zip:**

**This nomination is submitted by:**

**Title/Relationship:**

**Address:**

**Day Phone:**

**City, State, Zip:**

1. What is the primary purpose for this nominee's organization/business?



- A. Total number of employees
- B. Total number of employees with known disabilities
- C. Number of new employees hired last year
- D. Number of employees with known disabilities hired last year
- E. Numbers of workers with disabilities that received a promotion during the last 12 months
- F. Average length of employment for people with disabilities
- G. Number of employees with disabilities with jobs beyond entry-level Positions

Please provide us with the names and contact numbers of three employees within the company including individuals with disabilities or other job developers-job coaches we can talk with about this nomination.

1. Name:

Title/Relationship:

Phone:

2. Name:

Title/relationship:

Phone:

3. Name:

Title/Relationship:

Phone:

**Nominee Statement:**

I agree to participate in local, state or national publicity that may include newspaper articles, public service announcements or videotaping.

Nominee Signature \_\_\_\_\_ Date \_\_\_\_\_

**Nominator Statement:**

All answers and statements are true and complete to the best of my knowledge.

Nominator's Signature \_\_\_\_\_ Date \_\_\_\_\_

- The **deadline** for receiving entries in our office is Friday **August 30, 2002**.
- Mail or e-mail the completed nomination on computer disk or as an attachment to:

**Oregon Disabilities Commission**  
1257 Ferry Street, SE  
Salem, OR 97301-4278  
**E-mail to:** [odc@state.or.us](mailto:odc@state.or.us)

**(3)**

## **Nomination for Rehabilitation Provider of the Year**

The Oregon Disabilities Commission wishes to recognize at least one community rehabilitation program for outstanding and innovative efforts that have contributed to the employment and/or empowerment of people with disabilities. Nominees are public or private organizations whose primary mission relates to improving the lives of persons with disabilities.

**Program Name:**

**Name/title of Person associated with the program being recognized:**

**Address:**

**City, State, Zip:**

**Day Phone # (including area code):**

**Types of Services provided:**

**Number of Persons with Disabilities Served Daily:**

**This Nomination is submitted by:**

**Title/Relationship:**

**Address:**

**City, State, Zip:**

**Day Phone # (including area code):**



1. Name:

Title/Relationship:

Phone:

2. Name:

Title/relationship:

Phone:

3. Name:

Title/Relationship:

Phone:

**Nominee Statement:**

I agree to participate in local, state or national publicity that may include newspaper articles, public service announcements or videotaping.

Nominee Signature \_\_\_\_\_ Date \_\_\_\_\_

**Nominator Statement:**

All answers and statements are true and complete to the best of my knowledge.

Nominator's Signature \_\_\_\_\_ Date \_\_\_\_\_

- The **deadline** for receiving entries in our office is Friday **August 30, 2002**.
- Mail or e-mail the completed nomination on disk or as an attachment to:

**Oregon Disabilities Commission**  
1257 Ferry Street, SE  
Salem, OR 97301-4278  
E-mail to: [odc@state.or.us](mailto:odc@state.or.us)

**(4)**

## **Nomination for Distinguished Service Awards**

The Oregon Disabilities Commission annually recognizes individual recipients for Distinguished Service Awards. These awards recognize an individual or organization that has most significantly contributed to employing or empowering people with disabilities.

**Nominee Individual or Organization Name:**

**If an organization, contact person for the organization:**

**Individual or Organization Address:**

**City, State, Zip:**

**Day Phone # (including area code):**

**This Nomination is submitted by:**

**Address:**

**City, State, Zip:**

1. Describe the significant accomplishments of this nominee in employing/empowering people with disabilities.

2. What makes the accomplishments of this nominee outstanding?

3. Describe the agency/organization for whom the nominee works or volunteers or the business in which they are self-employed.

Please List the names and daytime phone numbers of three other individuals we

may contact.

1. Name:

Title/Relationship:

Phone:

2. Name:

Title/relationship:

Phone:

3. Name:

Title/Relationship:

Phone:

**Nominee Statement:**

I agree to participate in local, state, or national publicity that may include newspaper articles, public service announcements or videotaping.

Nominee Signature \_\_\_\_\_ Date \_\_\_\_\_

**Nominator Statement:**

All answers and statements are true and complete to the best of my knowledge.

Nominator's Signature \_\_\_\_\_ Date \_\_\_\_\_

- The **deadline** for entries received in our office is Friday **August 30, 2002**.
- Mail or e-mail the completed nomination on disk or as an attachment to:

**Oregon Disabilities Commission**

1257 Ferry Street, SE

Salem, OR 97301-4278

E-mail to: [odc@state.or.us](mailto:odc@state.or.us)

(5)

## Nomination for Media Awards

The Oregon Disabilities Commission recognizes one or more recipients for a media award. Awards may be made in categories such as Public Service Announcement, Public Affairs Features and Advertising.

The purpose of a media award is to recognize and honor excellence in media materials concerning the empowerment and employment of people with disabilities.

All entries must show positive representations of people with disabilities in situations or activities that reinforce empowerment, inclusion, and mainstreaming. Awards will not be given for education or training materials.

Nominations will be accepted from individuals, radio or television stations, newspaper, advertising or public relations agencies, corporations, governments and non-profit organizations.

### **Please note the following criteria for media award entries to be considered:**

- a. All entries must have been produced and distributed for media use in the United States during the period **August 1, 2001 through July 30, 2002.**
- b. All audio materials must be accompanied by written scripts.
- c. All video entries must be captioned and must be in VHS format.
- d. All advertising entries must identify whether the model or actor cast as an individual with a disability has a disability.
- e. All advertising entries must identify the business objective of the ad.
- f. Supporting materials, including letters or articles, may not exceed 15 pages. All copies or reproductions of articles must be on 8 ½ x 11 papers.
- g. Entries exceeding length limitations may be disqualified.
- h. SORRY, BUT NO ENTRIES WILL BE RETURNED.

### **Please check one:**

- Public Service Announcement (radio, television, print)
- Public Affairs Feature (radio, or television shows, articles, series or special features)
- Advertising (television or print)

**Nominee's Name/organization:**

**Address:**

**City, State, Zip:**

**Day Phone # (including area code):**

**This Nomination is submitted by:**

**Organization:**

**Address:**

**City, State, Zip**

**Day Phone (including area code):**

1. Describe how this entry focuses on the empowerment and inclusion of individuals with disabilities.

2. Describe how this entry emphasizes their abilities of people with disabilities.

Identify the factors that depict persons with disabilities with dignity and equality.

3. Describe how this entry focuses on employment issues.

**Nominee Statement:**

I agree to participate in local, state or national publicity that may include newspaper articles, public service announcements or videotaping.

Nominees Signature \_\_\_\_\_ Date \_\_\_\_\_

**Nominator Statement:**

All answers and statements are true and complete to the best of my knowledge.

Nominator's Signature \_\_\_\_\_ Date \_\_\_\_\_

- The **deadline** for entries received in our office is Friday **August 30, 2002**.
- Mail or e-mail the completed nomination on disk or as an attachment to:

**Oregon Disabilities Commission**

1257 Ferry Street, SE

Salem, OR 97301-4278

E-mail to: [odc@state.or.us](mailto:odc@state.or.us)