



**Information
Memorandum**

Oregon Department of Human Services

Originating Cluster:

Seniors and People with Disabilities

Date:	July 15, 2003	IM Number:	SPD-IM-03-065
To:	Area Agency on Aging Directors AAA Program Managers and Staff CHS Central Office Managers CHS SDA Managers CHS SDA Assistant Managers	CHS/SPD All Staff CHS/SPD Line/Program Managers County DD Program Managers County Mental Health Directors SPD Central Office Staff	
From:	Jane-ellen Weidanz		
Subject:	ODC Annual Employment and Empowerment Awards		

Message: The State of Oregon, through the Oregon Disabilities Commission (ODC) 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.

Nominations are slow this year. Please review the attached information to see if you have local advocates, employers etc who may deserve this recognition. Nominations are due no later than July 31st, 2003. You may submit nominations directly to ODC.

If you have any questions about this information, contact:

Contact(s):	Janine DeLaunay, ODC Executive Director		
Phone:	503-378-3142	Fax:	
E-mail:	Janine.delahunay@state.or.us		

State of Oregon
Oregon Disabilities Commission
Presents

2003 Employment and Empowerment Awards

Nomination Package

Awards List:

Governor's Award
Employer's Honor Roll
Rehabilitation Provider of the Year
Distinguished Service Award(s)
Media Award(s)
Charles E. Cannefax Legislative Award

Sponsored by:

Oregon Disabilities Commission
Oregon Council on Developmental Disabilities
Oregon Commission for the Blind
Oregon Employment Department
NW ADA/IT Center
Oregon Rehabilitation Association
Office of Vocational Rehabilitation Services
Office on Disability and Health
Seniors and People with Disabilities
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 and Empowerment Awards 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 the Oregon Disabilities Commission at (800) 358-3117 Voice/TTY or (503) 378-3142 V/TTY.

1. Nominations may be submitted by an individual, business, agency or organization.
2. Nominations must be *typed on the official form*. E-mail or faxed responses are preferred. Please use a new form for each entry. Forms are available at www.odc.state.or.us
3. Supportive materials and letters of support may be attached.
4. Nominations must be received in our office by **Thursday July 31, 2003** 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 each completed nomination packet by mail, fax or as an e-mail attachment to the following address:

Oregon Disabilities Commission

1257 Ferry Street, SE
Salem, OR 97301-4278

Phone: (800) 358-3117 or (503) 378-3142 Voice/TTY

E-mail to: odc@state.or.us or

Fax: (503) 378-3599

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 past and present 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).

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:

- The **deadline** for receiving entries in our office is **Thursday July 31, 2003**.
- Mail or e-mail as an attachment the completed *typed* nomination to:

Oregon Disabilities Commission

1257 Ferry Street, SE
Salem, OR 97301-4278
E-mail: odc@state.or.us or
Fax: (503) 378-3599

3. What efforts have been made to accommodate employees with disabilities? Provide specific examples with as much detail as possible.

4. In what ways are the company's achievements in the area of employment outstanding?

5. Please provide (if possible) the following information about this Company:
 - 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 job developers/job coaches that we can talk with about this nomination.

1. Name:

Title/Relationship:

Phone:

2. Name:

Title/relationship:

Phone:

3. Name:

Title/Relationship:

Phone:

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(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. Describe the settings in which persons are served (i.e. level of integration in the local community, variety in employment or living opportunities).

2. Describe the significant efforts undertaken by the program nominee to employ or improve the lives of people with disabilities.

3. Describe any other significant accomplishments of this program.

Please list three clients/recipients we may contact for additional information.

1. Name:

Title/Relationship:

Phone:

2. Name:

Title/relationship:

Phone:

3. Name:

Title/Relationship:

Phone:

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(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.

Individual or organization being nominated:

If an organization, contact person for the organization:

Address:

City, State, Zip

Day Phone # (including area code):

This Nomination is submitted by:

Title/Relationship:

Address:

City, State, Zip:

Day Phone # (including area code):

1. Describe the significant accomplishments of this nominee in employing or 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:

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(5)
Nomination for Media Awards

The Oregon Disabilities Commission recognizes one or more recipients for a media award. Awards may be made in any of the following 3 categories' 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, 2002 through July 31, 2003.**
- 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
- e. An individual with a disability has a disability.
- f. All advertising entries must identify the business objective of the ad.
- g. 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.
- h. Entries exceeding length limitations may be disqualified.
- i. 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.

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E-mail to: odc@state.or.us or

Fax: (503) 378-3599

(6)

Charles E. Cannefax Legislative Award

The Oregon Disabilities Commission biennially recognizes an advocate or legislator whose legislative efforts have resulted in new or expanded programs and services for Oregonians with disabilities. Persons whose paid work is primarily legislative lobbying are not eligible to receive this award.

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 legislative accomplishments to improve the quality of life for Oregonians with disabilities. Be as specific as possible about the type of legislation passed, results achieved, or specific actions taken to improve the lives of persons with disabilities.

2. What makes this nominee's effort stand out from the efforts of other Legislators or legislative advocates?

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:

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Oregon Disabilities Commission

2003 Employment and Empowerment Awards

Purpose

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Recognition is also given to persons with disabilities and/or organizations for empowering leadership, for removing barriers to employment and/or improving access to services and programs.

The Justin Dart Youth Award

This Award will be presented at the Annual Employment and Empowerment Awards Ceremony held at the Capitol in October in celebration of National Disability Employment Awareness Month.

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We sincerely thank you for your interest and participation in our nomination process. Please plan to join us in celebrating the award winners at this year's ceremony on October.

The Justin Dart Youth Award

The Justin Dart Youth Award is given to youth with disabilities, 25 years or younger, who has made outstanding contributions in his or her community, school, and/or work. The focus of this award is on activities that contribute to the empowerment and/or employment of youth with disabilities and efforts to eliminate structural, communication and attitudinal barriers.

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 youth with disabilities at the high school, college, local or state levels. This involvement may include such areas as advocating for better inclusion and accessibility, encouraging changes in school or community policies, and any other areas, which can ultimately lead to employment or empowerment of youth with disabilities.

2. Describe the nature of the nominee's disability. Include some details of the impact it has had in his or her life.

3. Describe the nominee's leadership qualities; include a description of volunteer or paid activities, leadership positions held or other material that would demonstrate the nominee's leadership abilities.

4. 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:

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