

2021 OMSSA Awards and Recognition Program Patti Moore Human Services Integration Award Nomination Form

Nomination Deadi	ine: September 15, 2021
NOMINATOR INF	FORMATION
Your Name:	Date:
Position / Title:	
Email Address:	
Phone Number:	
Commissioner / Lead Sign-Off	
(Please type)	
NOMINEE INFOR	RMATION
Name of No	minee Team:
	Main Contact) psition / Title:
	Main Contact) nail Address:
•	Main Contact) one Number:
Nominee's ((Municipality / CMS	Organization SM / DSSAB):
	OMNITHENT TO HUMAN CERVICES INTEGRATION
	OMMITMENT TO HUMAN SERVICES INTEGRATION v eligibility criteria on our website and limit each response to 300 words or less
	w the nominee's work has contributed to a track record of achievement in d in the development and/or application of the theory and practice of human n:



Please describe the nominee's commitment in placing clients/people at the centre of the
planning and administration of human services:
Please provide examples of the nominee's ability to strengthen and/or broaden internal and
external relationships to achieve a common vision of seamless service delivery:



SERVICES ASSOCIATION
As a part of your application, we kindly ask that you include one of the following with your submission:
 A few photos or a video (up to 3 minutes) demonstrating the nominee's work