



Michigan Association of

COMMUNITY MENTAL HEALTH

Boards

THE HAL MADDEN OUTSTANDING SERVICE AWARD NOMINATION FORM

Hal Madden, the initial recipient of this award, is a founding member of the Michigan Association of CMH Boards and a champion of services to adults and children with mental illness, serious emotional disturbance or developmental disabilities.

He was a charter board member of the Mason County CMH in 1964 and has made numerous statewide contributions to improving quality of life to persons served by CMH.

- I. The "Hal Madden Outstanding Services" Award is to honor individuals from within the public mental health systems (CMH & DCH) who have made, over time, an outstanding contribution to the public mental health system. This award will be presented at the fall conference.

Nominees for this award may be selected from the ranks of board members, directors, staff or other related individuals from the public mental health system whose conduct, efforts, dedication and commitment on behalf of CMH and its consumers have been of such a high caliber as to improve the public perception and understanding of mental health services and the lives of those we exist to serve. In addition, the personal and professional activities of nominees should demonstrate the highest level of respect for the consumers of services and dedication to improving the quality of services provided through community-based mental health services. The contributions made by nominees for this award should be visible at the state level as well as within their board's service area and should manifest their dedication as advocates and ambassadors for community mental health services and constituents.

- II. Nominations may be submitted by any of the following:

- A CMHSP or a MACMHB Affiliate Member
- An Association Region

- An Association Standing Committee
- The MACMHB Executive Board

III. NAME OF NOMINEE _____

Nominated by _____

Nominee's Address _____

Phone Number (home) _____ (business) _____

How is the nominee affiliated with CMH or DCH _____

Number of years the nominee has been associated with the public mental health system: _____

- IV. ON THE BACK OF THIS FORM, PLEASE DESCRIBE IN DETAIL THE CONTRIBUTION MADE BY THE NOMINEE AND THE WAYS IN WHICH HIS/HER ASSOCIATION WITH THE PUBLIC MENTAL HEALTH SYSTEM HAS QUALIFIED HIM/HER FOR THIS AWARD ACCORDING TO THE ABOVE CRITERIA.

- V. **To be considered, all nominations must be submitted on this form, or a copy of same, to: Michigan Association of CMH Boards, 426 South Walnut, Lansing, MI 48933 or Fax: 517-374-1053. THE DEADLINE FOR NOMINATIONS IS July 1, AT 5:00pm.** All nominations will be submitted to the Member Services Committee in care of the Association office. Award recommendations will be based on the quality of this description, its support information and attachments, not the number of nominations an individual receives. The Committee will submit a recommendation to the Executive Board. The award will be presented during the Association's Fall Conference.

- VI. For more information, please contact MACMHB at 517-374-6848.