



Awards & Scholarships  
California Department of Social Services for  
Outstanding Foster Parent(s) Award  
Nomination Form

Nominee(s)_____	Date_____	
Address_____	Region_____	
City_____	Zip Code_____	County_____
Years of service as Foster Parent(min. 5 years)_____	# of children cared for_____	
Person making nomination_____		
Address_____	City_____	
Zip Code_____	Phone #(_____)_____	

This award is only given to those nominee(s) who have not previously received this award and currently have or had placements within the past six months. On a separate sheet of paper please address each of the following questions as the basis for your recommendation of the above nominee(s).

1. Nominee(s) family information; occupation, education, family activities, community involvement, local Chapter support etc.?
2. What is the nominee(s) specialty of care; teens, babies, medically fragile, sibling sets, etc?
3. What exceptional contribution has the nominee(s) done to be considered for "above and beyond award" in their role as Foster Parent(s)?
4. What special training has the nominee(s) obtained in order to better serve the children in their care?
5. What previous awards or public recognition has this nominee received?
6. Any additional information or comments to further explain your reasons for recommending the nominee(s) for this award should also be submitted as well as letters of support from others who have knowledge of accomplishments for the nominee(s).

Please remember all applications, letters and your statement must be received no later than July 1<sup>st</sup> to the Awards & Scholarship Committee Chair to be considered.

Return to Patrica Negus at 12419 Oaks Ave. Chino, CA. 91710