2019 Leadership in Recovery Nomination Form

To acknowledge HealthChoices members’ journeys in the mental health and/or substance abuse service system, Beacon Health Options (Beacon), formerly Value Behavioral Health of PA will publicly acknowledge HealthChoices members from the following counties*: Armstrong, Beaver, Butler, Fayette, Greene, Indiana, Lawrence, Washington, and Westmoreland who have demonstrated courage, creativity and leadership along their journeys. One award from each county will be presented.

This is not a cash award, but an acknowledgement in the form of a beautifully designed award that will be personalized and presented on April 26, 2019 during the 19th Annual Beacon Adult Recovery Forum at the Marriott North in Cranberry, Pennsylvania. Beacon respects and values the efforts of our HealthChoices members. The purpose of the Leadership in Recovery Award is to acknowledge members who are actively engaged in their recovery and to encourage other members along their recovery journeys.

Please nominate at least one HealthChoices member residing in one of the counties listed above whom you feel is deserving of this type of recognition. The deadline to nominate is Friday, March 1, 2019. Please write as much as you can because your nomination will be used to determine the winner for each county. Our awards ceremony is more enjoyable if the remarks include some personal touches or stories that are inspiring to those in the audience. Thank you for taking the time to assist us in this exciting event. We hope to see you April 26th at our 2019 Adult Recovery Forum.

You may type your own information on a separate sheet to nominate an individual. You may also use additional sheets to this nomination form if you run out of space. If you do not receive confirmation within a week of submitting your nomination form, please email Sue Klaus at suzanne.klaus@beaconhealthoptions.com

Nominee Information (please print or type)

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
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<tbody>
<tr>
<td>Address</td>
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Affiliation (MHA, Drop-in Center, Clubhouse, etc.)

<table>
<thead>
<tr>
<th>City</th>
<th>County</th>
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<tbody>
<tr>
<td>State</td>
<td></td>
</tr>
<tr>
<td>Zip Code</td>
<td></td>
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<tr>
<td>Telephone</td>
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Person Making the Nomination

<table>
<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Title</td>
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<td>Phone</td>
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How do you know this nominee? ________________________________________________________________

Examples of services/programs that the nominee has been involved with, if known (not required):
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

What makes this person worthy of receiving the “Leadership in Recovery Award”? (Please provide examples of leadership shown by this individual)
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

How has this person shown courage in his/her recovery?
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

How has this nominee’s journey given hope to others?
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

NOMINATIONS CAN BE MADE BY ANYONE WHO KNOWS THE PERSON WELL; FOR EXAMPLE: FAMILY MEMBERS, FRIENDS, PEERS, CERTIFIED PEER SPECIALISTS, RECOVERY SPECIALISTS, PROVIDERS, ETC.

Please return this information to Sue Klaus, Manager – PE&O at Beacon via FAX 1-855-541-5211 or email Sue at suzanne.klaus@beaconhealthoptions.com

Again - PLEASE NOTE if you do not hear back from us within a week of submitting your nomination form please contact Sue via email above or 724-744-6501

DEADLINE TO NOMINATE IS FRIDAY, MARCH 1, 2019

* Mercer, Crawford, and Venango HealthChoices members will have the opportunity to be nominated at other regionally located Beacon Forums in 2019.