

## The Sibling's Choice Award



The *Sibling's Choice Award* acknowledges and honors a paid service provider or family caregiver's contribution that is vital to the independence and quality of life of a person with a disability. Nominations are accepted from brothers or sisters of individuals with disabilities. Nominations recognize either family caregivers or professional individuals or organizations, including service providers, physicians, attorneys, financial professionals, legislators and advocates who serve and support individuals with disabilities.

The Award is presented by WisconSibs, Inc. The winner of each award receives a plaque to be presented during the Celebrate Sisterhood event on Tuesday October 18, 2016, at the Radisson Paper Valley hotel in Appleton, WI. The winners and their nominators each receive two seats at the event.

One award will be given in each of two categories; a family caregiver or a professional.

Professionals may be an organization or a team of providers, but one individual must be designated to represent the team for award presentation, communication or media contact.

Only nominations received by October 1, 2017 will be considered for the Oct. 17, 2017 Sibling's Choice Award presentation. Nominations received AFTER Oct.1, 2017 will be considered for 2018.

### Selection Criteria -

- Nominated by an individual who is a brother or sister of a person with a disability.
- Nomination form and questions completed and submitted by **October 1, 2017**.
- Make an exceptional contribution related to services, caregiving or advocacy for individuals with disabilities. For teams or agencies, one person is identified as a contact person and representative of the team.
- Cannot be self-nominated.



Sibling's Choice Award  
- Family

Email nominations to [info@wisconsibs.org](mailto:info@wisconsibs.org) or mail to:

Sibling's Choice Award  
WisconSibs, Inc  
211 E Franklin #C  
Appleton, WI 54911



Sibling's Choice Award  
- Professional



updated 8-18-2017



**WisconSibs Sibling's Choice Award**

**Family Service Provider of the Year Nomination Form**

Nominee's Name : \_\_\_\_\_

Type of care provided: \_\_\_\_\_

Nominee's Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_ Phone (s): \_\_\_\_\_

Email: \_\_\_\_\_

Nominated By (your name): \_\_\_\_\_

Who does nominee care for? \_\_\_\_\_ This is your \_\_brother \_\_sister.

Are you related to the nominee? \_\_ yes \_\_ no If so, how? \_\_\_\_\_

Your Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_ Phone (s): \_\_\_\_\_

Email: \_\_\_\_\_

**Thank you for your interest. Winners will be notified by phone and letter. The recipients and nominators of the awards will each receive 2 complimentary reservations to the Celebrate Sisterhood event where they will be recognized and honored for their dedication and service.**

**Nomination Forms must be received by October 1, 2017 for consideration in 2017. Nominations submitted after this date may be considered for 2018. Award will be presented on Tuesday, October 17, 2017 at the WisconSibs Celebrate Sisterhood event.**

*Presentation sponsored by SCA Americas Inc and Schenck Business Solutions.*

**Submit forms by email to: [info@wisconsibs.org](mailto:info@wisconsibs.org) or**

**Submit forms by mail to: WisconSibs Sibling's Choice, 211 E. Franklin #C., Appleton, WI 54911**

## **Family Service Provider** of the Year Nomination Form

Nominee's Name : \_\_\_\_\_

- 1. How long has the nominee cared for his/her family member?**
- 2. Give specific examples of how the nominee cares for or provides services for his/her family member.**
- 3. Why do you feel this person should be the Sibling's Choice Family Service Provider of the Year?**
- 4. Give specific examples of how the nominee takes care of him/herself while caring for his/her family member who has disabilities.**



**WisconSibs Sibling's Choice Award**  
**Professional Service Provider of the Year Nomination Form**

Nominee's Name : \_\_\_\_\_

Organization: \_\_\_\_\_

Title: \_\_\_\_\_ Service(s) provided \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_ Phone (s): \_\_\_\_\_

Email: \_\_\_\_\_  
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Nominated By: \_\_\_\_\_

Name of person who nominee provides a service for? \_\_\_\_\_

This is your \_\_\_brother \_\_\_sister \_\_\_ other (describe) \_\_\_\_\_

Your Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_ Phone (s): \_\_\_\_\_

Email: \_\_\_\_\_

**Thank you for your interest. Winners will be notified by phone and letter. The recipients and nominators of the awards will each receive 2 complimentary reservations to the Celebrate Sisterhood event where they will be recognized and honored for their dedication and service.**

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**Professional Service Provider of the Year  
Nomination Questions**

Nominee's Name : \_\_\_\_\_

1. How long has the nominee provided services for people with disabilities? \_\_\_\_\_
2. How long has the nominee provided service for your brother or sister? \_\_\_\_\_
3. Give 1-2 specific examples of the nominee's special abilities in working with people with disabilities.
4. What do you value most about the nominee as a service provider?
5. Why do you feel this person should be the WisconSibs Sibling's Choice Professional Service Provider of the Year?