



# Ohio Self Determination Association

## ESDY Awards Nomination Instructions

**Eligibility:** Individuals or entities that rise above others in the ways they have promoted, lived or supported the principles of self-determination which affected their own lives or the lives of others.

### **PRINCIPLES OF SELF-DETERMINATION**

**FREEDOM:** The exercise of the same rights as all citizens. People with disabilities, with support from others when needed, will decide where and with whom they want to live and how their time will be spent. They have the same rights, guaranteed under the Constitution, as everyone. Rights are not denied in order to get supports or services.

**AUTHORITY:** The control of a sum of money needed to direct one's own support and the authority to change what that money is used to buy. The right to employ a service provider, with support as needed. This is accomplished through the development of an individual budget that "moves" with the person.

**SUPPORT:** The person living with a disability chooses the services, supports, equipment and providers that give them the life that works best for them. Individuals do not receive "supervision" and "staffing". Rather, people with disabilities are encouraged to seek support from unpaid personal relationships, technology, community sources and direct the use of public funds to buy any number of discrete tasks for which they need assistance. This includes support for the person with the disability to use their talents and skills to generate personal income.

**RESPONSIBILITY:** The wise use of public dollars. Dollars are used as an investment in a person's life and not handled as resources to purchase services or slots. The

responsibility of the person includes the ordinary obligations of all members of the community and allows individuals to contribute to their communities in meaningful ways.

**CONFIRMATION:** The person or entity nominated recognizes, demonstrates and supports the control people with disabilities need to have to advocate for themselves or others, be a leader and to create change. For a person living with a disability, this means being a leader with self-determination and spreading the word to others. The individual does everything he/ she can do to educate and mentor others to help them take control of the important decisions in their lives. Some ways of doing this may include serving on boards and committees of community organizations.

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### **What to Include:**

- Nominations should explain how the nominee demonstrates leadership and excellence in Principles of Self-Determination by accomplishing **one or more of the five Principles** described above. Explain why the person you are nominating did more than any other person you know?
- Nominations should be **detailed and specific**, **providing examples** of when and how the person demonstrated the principles of self-determination.
- Limit the nomination to 800 words.
- Include a **Current Picture** of the Nominee

### **Deadline:**

- **Completed nominations are due by 5:00 p.m. on August 31st**
- Send application to Jeanette Carpenter, Knox County Board of DD, 11700 Upper Gilcrist Road, Mt. Vernon, Ohio, 43050 or [jcarpenter@knoxdd.com](mailto:jcarpenter@knoxdd.com)
- The Selection Committee will hold all nominations in confidence. **Please do not tell the person they are being nominated!!!**

**\*\*\*\*\*Please Include a current picture of the nominee\*\*\*\*\***



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## ESDY - Nomination Form

Date: \_\_\_\_\_

Nominee Name: \_\_\_\_\_

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

Contact information of Person making the Nomination:

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

Contact Phone: \_\_\_\_\_

Please describe how the nominee has demonstrated leadership by supporting and promoting self-determination. Explain why the person you are nominating did more than any other person you know? Tell us about the specific examples of how it was demonstrated and give details of how the nominee demonstrates such excellence in one or more of the self-determination principles:

Freedom: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Authority: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Support: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Responsibility: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Confirmation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*Please Include a current picture of the nominee\*\*\*\*\*