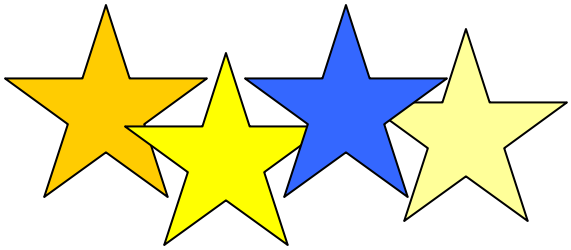

Shining Star Award Nomination Form

The purpose of the **Shining Star Award** is to recognize a foster parent, foster family, member of a foster family, or any Larimer County DHS staff member (caseworker from any unit, supervisor, case aide, administrative assistant, etc.) for doing *the little things that make a difference*. This award will recognize how much the nominee is appreciated for demonstrating one or more of the following: teamwork, helpfulness, kindness, support, creativity, flexibility, effective communication or whatever else comes to mind….All nominees will be recognized at the Child and Family Services Division Quarterly Staff Meetings.

Please complete the following and submit to Carla Felts, Supervisor of the Foster Care Services Unit.

Nominee: _____

Person making the nomination: _____

This nominee is a **Shining Star** because (add additional sheets if necessary): _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Thanks for your nomination!!!