



30th Anniversary

**Social  
Services Agency**

Presents the

***CalWORKs  
Achievement Awards***

Five outstanding CalWORKs clients will be recognized for their efforts to elevate themselves and their families toward self-sufficiency.

Due to the current COVID-19 pandemic, there will be no in person celebration at the Board of Supervisors' Chambers. The awardees will be included in a CalWORKs Program video that will be presented at the Tuesday December 8, 2020 Board of Supervisors' Meeting.

---

We are soliciting nominations from SSA Staff and Partners. The nomination form can be found on the SSA Website.

Steven Mantegani @ 408-755-7740 or [steven.mantegani@ssa.sccgov.org](mailto:steven.mantegani@ssa.sccgov.org)

# CalWORKs Achievement Awards Nomination Form

Nominations for 2020 are due by **September 4, 2020**

The annual CalWORKs Achievement Awards honor outstanding clients who have made great strides in their lives, education, and employment to elevate themselves and their families towards self-sufficiency.

The Board of Supervisors will be recognizing **five CalWORKs clients** who have made outstanding efforts at a regular Board of Supervisors' meeting in November.

This nomination form is used to solicit nominations from SSA staff and partners.

## Who may be nominated

CalWORKs clients who has not been chosen to be recognized at the Board of Supervisors in previous years. Additionally, a CalWORKs client who was nominated in a previous year, but was not chosen as the award winner, may be nominated again. However, a new nomination form and supporting documentation must be submitted.

## How to nominate

Please complete the form starting on page 2. Sections I – IV must be completed in full. Please take this opportunity to share their stories, highlight their accomplishments, and acknowledge their efforts and successes. Additionally, the Media Release Form must be signed by the client. If media consent is not given, the client is disqualified for selection.

## Deadline for nomination

Nominations for the 2020 CalWORKs Achievement Awards are due September 4, 2020.

Please email completed CalWORKs Achievement Award Nomination Form to:

[esi@ssa.sccgov.org](mailto:esi@ssa.sccgov.org)

## For more information

Steven Mantegani

408-755-7740

[Steven.mantegani@ssa.sccgov.org](mailto:Steven.mantegani@ssa.sccgov.org)

# The 2020 Annual CalWORKs Achievement Awards

Nomination Form is due **September 4, 2020**

## SECTION I – CLIENT CONTACT INFORMATION

Name: \_\_\_\_\_ Case No: \_\_\_\_\_  
Address: \_\_\_\_\_  
Primary Phone Number: \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Gender: \_\_\_\_\_ Marital Status: \_\_\_\_\_ On aid: Yes \_\_\_\_\_ No \_\_\_\_\_  
If off aid, how long has client been off aid: \_\_\_\_\_

Child(ren)'s name(s) and age(s) below:

Name: _____	Age: _____

1. Is the nominee willing to accept the award at the Board of Supervisors' ceremony if selected? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Is the nominee willing to have a press interview?  
Yes \_\_\_\_\_ No \_\_\_\_\_
3. Will the nominee be able to obtain time off to attend the ceremony?  
Yes \_\_\_\_\_ No \_\_\_\_\_
4. (Attached client's photo)

## SECTION II – BACKGROUND/REASON(S) FOR NOMINATION

- 1. Is the client employed part-time or full-time?** FT \_\_\_\_\_ PT \_\_\_\_\_  
Company: \_\_\_\_\_ Contact: \_\_\_\_\_  
Position: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Start Date: \_\_\_\_\_ Wage: \$ \_\_\_\_\_ Health Insurance (Y/N): \_\_\_\_\_

**If the client is not currently employed, what activities is he/she participating in?**

# **The 2020 Annual CalWORKs Achievement Awards**

Nomination Form is due **September 4, 2020**

**2. What program services does client receive? Indicate specific agencies providing services or programs enrolled in and when services were received:**

- CalWORKs (EC/EW):
- Cal-Learn (agency/provider):
- Child care (agency/provider):
- Transportation (agency/provider):
- Housing (agency/provider):
- Education (Adult Education, Training, Colleges-agency/provider):
- Food (agency/provider):
- Health (agency/provider):
- Legal (agency/provider):

**3. Describe the client's accomplishments during and after the time he/she was on CalWORKs and provide your reasons for this nomination (some examples: outstanding academic performance, community leadership, volunteering, etc.)**

**4. Identify barriers the client overcame and briefly narrate how he/she made his/her way to success despite the barriers. (Examples of barriers are homelessness, learning or physically challenged, out of school or work for several years, lack of training or no employment experience, drug/alcohol/mental health issues, etc.)**

# The 2020 Annual CalWORKs Achievement Awards

Nomination Form is due **September 4, 2020**

- 5. Personal Statement from Client.** [*This section must be completed by the client. If additional space is required, attach a separate sheet of paper.*]  
**Please narrate your success story in your own words. Your narration should address the following questions: How did CalWORKs make a difference in your life? What is your motivation for success? How did you overcome your obstacles and challenges? What are your goals in life? What can others learn from your success story or experience?**

# **The 2020 Annual CalWORKs Achievement Awards**

Nomination Form is due **September 4, 2020**

**Please be advised that nominations will be reviewed. Please remind clients to update the Social Services Agency with their phone numbers and/or addresses in case they move and/or change contact information after the initial submission of this form.**

## **SECTION III – NOMINATING AGENCY INFORMATION**

**Your Name & Job Title:**

**Agency:**

**Program/Department:**

**Address:**

**Phone No:**

**Email:**

**Fax:**

## **SECTION IV – PLEASE ATTACH PHOTOS OF CLIENT AND FAMILY**

# The 2020 Annual CalWORKs Achievement Awards

Nomination Form is due **September 4, 2020**

COUNTY OF SANTA CLARA SOCIAL SERVICES AGENCY

## MEDIA RELEASE FOR SSA STAFF AND CLIENTS



I hereby authorize the Santa Clara County Social Services Agency to release personal and confidential information regarding my background, as outlined on this nomination form, and my participation in the CalWORKs Program.

The County of Santa Clara ("County") has my permission to use my name, picture, photograph, portrait, visual likeness, or voice in all forms and media in manners, including print, photo, film, digital, electronic, audio and video representation for use in any or all County or Social Services Agency ("SSA") public relations or communications materials including but not limited to media or press releases. "Communication materials" include all County or SSA publications, brochures, flyers, posters, film, radio, websites, social media accounts and/or video productions.

I hereby authorize the County to reproduce, copy, exhibit, publish, or distribute any and all such public relations and communications materials described above in connection with County or SSA business operations purposes. I understand that there will be no financial or other remuneration in connection with the County and/or SSA activities described above.

I HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE THE COUNTY OF SANTA CLARA, ITS OFFICERS, AGENTS AND EMPLOYEES, FROM ALL LIABILITY TO THE UNDERSIGNED, MY/OUR PERSONAL REPRESENTATIVES, ASSIGNEES, EXECUTORS, HEIRS, AND NEXT OF KIN FOR ANY AND ALL CLAIMS, DEMANDS, LOSSES OR DAMAGES ARISING FROM OR IN CONNECTION WITH THIS RELEASE.

I understand that this authorization shall remain in effect until terminated in writing. Any request to rescind authorization must be in writing, executed by the undersigned, and timely provided to the County. I further understand that any request to rescind this authorization shall not impact any use, reproduction, disclosure or distribution that the County has already taken based on this consent and the County cannot cancel publication or recall distribution.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Parent or Legal Guardian signature is required if the participant is under 18 years of age.**

\_\_\_\_\_  
Print Parent/Guardian Name (if under 18)

\_\_\_\_\_  
Parent/Guardian Signature (if under 18)

\_\_\_\_\_  
Date