



2008 Lilly Reintegration Awards Application

All applications must be postmarked by June 23, 2008
Award recipients will be notified by August 30, 2008

OVERVIEW

2008 Reintegration Awards Application

Since 1997, the *Lilly Reintegration Awards* have celebrated the achievements of those in the community who dedicate themselves to improving the lives of individuals with serious mental illnesses, and the achievements of those living with schizophrenia or bipolar disorder who battle tremendous odds to improve their own lives and the lives of their peers.

The Reintegration Awards program honors:

- Treatment teams, programs and services that support people living with severe mental illness
- Local and national efforts to improve services and decrease the stigma of mental illness
- The achievements of people living with severe mental illness who give hope to others facing similar challenges

2008 Reintegration Award winners will receive:

- Monetary contributions to be donated to the recipients' designated program or agency (First place: \$5000; Second place: \$2500)
- A trophy, inscribed with winner's name and category
- Travel and hotel expenses for the winner and one guest to attend the *Lilly Reintegration Awards* ceremony and dinner in Indianapolis, Indiana, in October

ADDITIONAL INFORMATION

Please complete the entire application form and **mail all elements in one envelope** to the address provided. We suggest that you keep a copy of all submitted materials for your personal reference. Neither applications nor collateral materials submitted for review will be returned. All applications must be **postmarked by June 23, 2008**.

Please note that all information about award applicants will remain confidential during the application process.

The *Lilly Reintegration Awards* recipients are determined by an independent panel of mental health professionals. Winners will be selected based on a demonstration of the individual's or program's success through quantifiable measures and evidence that individuals diagnosed with mental illness have directly benefited from the program or service.

AWARD CATEGORIES

Categories for mental health treatment teams/programs/services:

Please note, each team/program/service or individual may only be nominated for ONE category. The Lilly Reintegration Awards Judging Panel reserves the right to re-assign the category for which an entry is submitted.

- **Advocacy** honors those who advocate within the community for people living with schizophrenia or bipolar disorder
- **Clinical Medicine** honors those who combine effective and innovative treatment approaches to promote recovery for individuals with schizophrenia or bipolar disorder
- **Employment** recognizes those who help individuals diagnosed with a mental illness develop the skills necessary to secure and maintain employment
- **Education** pays tribute to those who help people living with a mental illness achieve their educational goals
- **Housing** celebrates the accomplishments of those helping people living with a mental illness find and secure safe, affordable housing
- **Social Support** recognizes those assisting individuals to develop social/coping skills required for successful community living

Categories for individuals living with schizophrenia or bipolar disorder:

Please note, each individual may only be nominated for ONE category. The Lilly Reintegration Awards Judging Panel reserves the right to re-assign the category for which an entry is submitted.

- **Achievement** honors those whose impressive personal achievements — while living with mental illness — have provided hope and inspiration to others
- **Artistic Contribution** honors artistic expression (e.g. painting, music, etc.) that contributes to the individual's reintegration process and that of others, and leads to greater sensitivity to and understanding of people struggling with mental illness
- **Mentorship** recognizes individuals who are successfully managing their mental illness and inspiring others by sharing their knowledge



OVERVIEW

SUBMISSION GUIDELINES

All entries – for any category - must include the following elements:

- 1. BRIEF DESCRIPTION OF QUALIFICATION/ PERSONAL STATEMENT**
- 2. COMPLETED APPLICATION FORM**
- 3. COMPLETED QUESTIONNAIRE** (only complete/submit the section that applies to your category)
- 4. SIGNED CONSENT FORM**

* **Please note:** Artistic Contribution applicants must also include a sample of creative work (photo, DVD, tape, etc). Please **DO NOT** include original works, as these cannot be returned.

When completed mail the above elements and any supporting materials, in **one** envelope to:

**Reintegration Awards
PMB 327
310 Busse Highway
Park Ridge, IL 60068-3251**

Postmark Deadline: Monday, June 23, 2008.

Award recipients will be notified by August 30, 2008.

For further information please call **1.800.809.8202** or email **LillyAwards@Reintegration.com**

PART I — BRIEF DESCRIPTION OF QUALIFICATION or PERSONAL STATEMENT

Those applying in the Treatment Team category must submit

- **Brief Description of Qualification** explaining why the nominated individual, group, program or service is deserving of a *Lilly Reintegration Award*, and must include the following four headings: Planning, Excellence of Execution, Outcomes/Evaluation and Importance of Award
The Brief Description may be no longer than 2 typed pages, single-spaced.

Those applying in the Individuals Living with Schizophrenia or Bipolar Disorder category must submit a two-section Personal Statement.

- **Section A** - describes his/her accomplishments and **must include the following two headings:**
The Achievement/s, Why this Achievement/s is Deserving of a Lilly Reintegration Award
Section A may be no longer than 2 typed pages, single-spaced
- **Section B** - is a statement from a clinician, social worker, employer, family member or case manager of the person being nominated describing the applicant's successful recovery and accomplishments;
Section B may be no longer than 1 typed page, single-spaced.



PART II – APPLICATION FORM

Treatment Team/Program/Service Award Categories *(check one)*

- Advocacy Education Housing
 Clinical Medicine Employment Social Support

Individual Award Categories—for individuals living with schizophrenia or bipolar disorder *(check one)*

- Achievement Artistic Contribution Mentorship

A. Complete the following information

Please include official, complete titles and names, as they should be listed if the applicant is selected as a *Lilly Reintegration Award* recipient.

Individual, group, or program nominated _____

Contact person/Title (for program or group nominated) _____

Organization _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Ext. _____ Fax _____

Email address _____

C. Nominated by *(check one)*:

If self-nominated or if nominating party is the same as the Contact Person listed above, please skip this section.

- Treatment team or other staff member of program or group Recipient of services through program or group
 Other

Name _____

Title _____ Organization _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Ext. _____ Fax _____

Email address _____

For further information please call 1.800.809.8202 or email LillyAwards@Reintegration.com



PART III – Questionnaire

Please only fill out and submit the section appropriate to your nomination category

Treatment Team Categories:

Advocacy

- In what year was the nominated program/service established? _____
- Approximately how many clients/caregivers were served (e.g. were advocated for, provided support services, etc.) during 2007? _____
- What is the average number of clients/caregivers served annually by this program/service since its inception? _____
- What is the annual operating budget of this nominated program or service? _____
- How were consumers involved in the planning/implementation of the program/service?

- Has this program/service previously received a *Lilly Reintegration Award*? _____
If yes, list year/category/reason for receiving the Award.



PART III – Questionnaire

Treatment Team Categories - continued:

Clinical Medicine

- In what year was the nominated practice/service established? _____
- Approximately how many clients were treated/served by this practice/service during 2007? _____
- What is the average number of clients treated/served annually by this nominated practice/service since its inception? _____
- On average, how long do clients treated/served by this practice/service continue getting support from this practice/service? _____
- What is the annual operating budget of this nominated practice or service? _____
- How many providers work in the nominated practice/service? _____
- Does this practice/service provide free care to indigent clients? _____
 - If yes, is there a financial limit on services per client/per year? _____
 - If yes, what is that limit? _____
- How were consumers involved in the planning/implementation of the practice/service?

- Has this practice/service previously received a *Lilly Reintegration Award*? _____
If yes, list year/category/reason for receiving the Award.



PART III – Questionnaire

Treatment Team Categories - continued:

Education

- In what year was the nominated program/service established? _____
- Approximately how many clients were served (e.g. provided tuition, educational courses, etc.) by this program/service during 2007? _____
- What is the average number of clients served annually by this program/service since its inception? _____
- What percentage of your clients successfully pursue their educational goals? _____
- What percentage of your clients successfully reach their educational goals? _____
- On average, how long do clients served continue getting support from this program/service? _____
- What is the annual operating budget of this program or service? _____
- How were consumers involved in the planning/implementation of the program/service?

- Has this program/service previously received a *Lilly Reintegration Award*? _____
If yes, list year/category/reason for receiving the Award.



PART III – Questionnaire

Treatment Team Categories - continued:

Employment

- In what year was the nominated program/service established? _____
- Approximately how many clients were served (e.g. provided transitional or permanent employment, etc.) by this nominated program/service during 2007? _____
- What is the average number of clients served annually by this program/service since its inception? _____
- What percentage of your clients successfully find/hold stable employment? _____
- On average, how long do clients served continue getting support from this program/service? _____
- What is the annual operating budget of this program or service? _____
- If transitional, how many clients go on to secure permanent and independent employment? _____
- On average, how long do clients work on their independent jobs? _____
- How were consumers involved in the planning/implementation of the program/service?

- Has this program/service previously received a *Lilly Reintegration Award*? _____
If yes, list year/category/reason for receiving the Award.



PART III – Questionnaire

Treatment Team Categories - continued:

Housing

- In what year was the nominated program/service established? _____
- Approximately how many clients were served (e.g., provided housing) by this program/service during 2007? _____
- What is the average number of clients served annually by this program/service since its inception? _____
- What percentage of your clients successfully find/hold stable housing? _____
- On average, how long do clients served continue getting support from this program/service? _____
- What is the annual operating budget of this nominated program or service? _____
- On average, how long do clients maintain the housing situation that is offered by the program? _____
- Does your program offer any special services for people who have been homeless?

- How were consumers involved in the planning/implementation of the program/service?

- Has this program/service previously received a *Lilly Reintegration Award*? _____
If yes, list year/category/reason for receiving the Award.



PART III – Questionnaire

Treatment Team Categories - continued:

Social Support

- In what year was the nominated program/service established? _____
- Approximately how many clients were served (e.g., provided support services, etc.) by this program/service during 2007? _____
- What is the average number of clients/caregivers served annually by this program/service since its inception? _____
- On average, how long do clients served continue getting support from this program/service? _____
- How often are social support activities held for clients? _____
- What is the annual operating budget of this program or service? _____
- Does your program coordinate with clinical, vocational, housing and educational services in your community?

- How were consumers involved in the planning/implementation of the program/service?

- Has this program/service previously received a *Lilly Reintegration Award*? _____
If yes, list year/category/reason for receiving the Award.



PART III – Questionnaire

Individual/Consumer Categories - please keep all responses brief:

Mentorship

• On average, how often does the nominee mentor peers (e.g., daily, weekly, a few times a year, etc.)? _____

• Approximately how many people did the nominee mentor during the past year? _____

• What is the nature of this mentoring? (e.g., one-on-one peer counseling, group meetings)

• What is one common mentoring technique the nominee uses?

• Has this individual previously received a *Lilly Reintegration Award*? _____
If yes, list year/category/reason for receiving the Award.



PART III – Questionnaire

Individual/Consumer Categories - continued

Achievement

- When considering the ongoing battle with mental illness, what do you feel is the nominee's **singular** most impressive achievement? (We realize there may be many achievements and we hope they are outlined in the essay, but we are asking about the ONE achievement that is most meaningful.)

- How has this achievement inspired and/or enhanced the reintegration of others in the community?

- How has the achievement impacted the general public's perception of mental illness?

- Has this individual previously received a *Lilly Reintegration Award*? _____
If yes, list year/category/reason for receiving the Award.



PART III – Questionnaire

Individual/Consumer Categories - continued

Artistic Contribution

- How has the artistic contribution benefited the individual's reintegration into society?

- How has the artistic contribution benefited the reintegration of others battling mental illness?

- How has the artistic contribution impacted the general public's perception of mental illness?

- Has this individual previously received a Lilly Reintegration Award? _____
If yes, list year/category/reason for receiving the Award.



Eli Lilly and Company (“Lilly”)

Personal Consent & Release Form

LILLY REINTEGRATION AWARDS

Please Read This Carefully

Print Your Name: _____

Address(street/city/state/zip): _____

By signing this Consent & Release Form, I confirm the following:

1. I participated voluntarily in the *Lilly Reintegration Awards*.
2. I permit Lilly’s vendor, RFI Binder (administrator of the program), and/or Lilly to contact me regarding my status as an applicant of the above referenced program and with regard to any subsequent issues/questions that may arise related to my status of said program.
3. If I am chosen as a recipient of a *Lilly Reintegration Award*, I am open to working with RFI Binder and/or Lilly in planning my attendance/participation at the Awards event in 2008.
4. If I am chosen as a recipient of a *Lilly Reintegration Award*, I understand media materials highlighting why I and/or my program received a *Lilly Reintegration Award* may be distributed to the general public; specifically to television stations, radio stations and daily/monthly/weekly newspapers across the country
5. Further, by signing this form, I agree that Lilly may contact me for purposes of providing me basic training on interacting with various types of media, or to ask my permission for other uses of my Personal Images or for my participation in other types of projects.
6. I understand that if I am a recipient of the Mentorship, Achievement or Artistic Contribution Award in 2008 or any prior year, the materials noted in the above bullet may state that I am a mental health consumer and may be nationally distributed to the general public
7. If I am chosen as a recipient of a *Lilly Reintegration Award*, I am permitting Lilly to interview, photograph, film, or videotape me, and/or have my voice recorded (the “Lilly Copy/Images”)
8. If I am chosen as a recipient of a *Lilly Reintegration Award*, I give permission to Lilly to utilize my name, likeness, voice and biographical material in any lawful manner that it may make of the Lilly Copy/Images (e.g. photo of me on their website), or in any work that is derived from the Lilly Copy/Images (e.g. public relations or sales/training initiatives), in whole or in part, in any manner and media, with no limitation on time, placement or location
9. I give permission to Lilly to crop or edit the Lilly Copy/Images, or use them in any other lawful uses in any way that it may determine in its sole discretion.
10. I release both Lilly and RFI Binder, its agents, employees, licensees and assigns, from and against any and all claims which I have, or may have, for invasion of privacy, defamation, or any other cause of action arising out of any contact related to the programs or arising out of general public understanding that the programs are open to those battling mental illness, as well as to those who provide treatment and services to those battling mental illness.



Eli Lilly and Company (“Lilly”)

Personal Consent & Release Form - continued

11. I waive all rights I may have to claims for payment or royalties in connection with any exhibition, televising, Internet posting, or other publication of my Personal Images, irrespective of whether a fee for its use is charged by any third party.
12. In the event that I change my mind about future contact with the programs or RF|Binder, I will advise in writing and submit, as noted, to **RF|Binder - NFC, PMB 327, 310 Busse Highway, Park Ridge, IL 60068-3251; (800) 809-8202**. Within ten (10) days of receipt of such notice, RF|Binder agrees that it will take reasonable steps to stop any further contact with you.
13. I understand that taking the above noted step will immediately disqualify me as a potential recipient of any monies/winning status granted by the programs.
14. I understand that signing this form does NOT ensure that I will receive funding or be chosen as a recipient of the programs, simply that I am open to being contacted regarding my status.
15. [For applicants in the Artistic Contribution category:] The artwork I am submitting is original (not copied from or based upon or derived from any other artwork or materials) and I am the sole owner of the artwork. If the entry is photography, DVD, or other likeness of any person, I assert that all persons included in my submission have given permission for this creative work to be entered.

By signing this Consent & Release Form it signifies that I have reviewed and approved it and confirm that it is true and correct in all respects. I affirm and attest that I am of the age of 18 years and understand that in order to accept this offer I must be 18 years or older.

Sign Your Name

Date Signed

- Check here if you would like a FREE subscription to *Reintegration Today*, a magazine sponsored by Lilly and distributed by **RF|Binder** that profiles issues and success stories in reintegration. For the purpose of subscription fulfillment your mailing information will be supplied to **RF|Binder - NFC, PMB 327, 310 Busse Highway, Park Ridge, IL 60068-3251; (800) 809-8202**