Dear Member,

It’s time to celebrate The Stars! Each year NJACP provides an opportunity for its members to select a consumer with intellectual and/or developmental disabilities receiving services from the agency. These individuals have overcome obstacles and challenges in their daily lives. We recognize the accomplishments of the Stars by paying tribute to them at a beautiful affair.

Please join us celebrating the Stars in our lives at the 21st New Jersey Association of Community Providers STARS Awards Dinner! This year’s dinner will take place on May 12, 2020, from 4:00 - 9:00 p.m. at the Stone Terrace by John Henry’s in Hamilton, NJ.

Please select one of your consumers to be celebrated on this occasion. In keeping with ongoing efforts to support community living options, we would ask that you consider nominating an individual who previously lived in a congregate care setting, such as nursing homes, state institutions, and out of state environments. (Read more in the attached Submission and Requirements form and related materials.)

Nomination Requirements
Nominations should include the following:
• Completed Submission and Requirements form
• Photo (s) of nominee (jpeg file)
• Release of Information form
• Due date: Friday April 10, 2020
• Please note that there will not be any nomination extensions this year.

Once a complete submission is received, NJACP will send a confirmation email to the Executive Director. If you do not hear from NJACP, please contact Colleen Klepser at 609-406-1400 or cklepser@njacp.org to ensure no one is missed.

We hope you will be able to share this evening with us and be part of an evening to remember!

Sincerely,
Valerie Sellers
Chief Executive Officer

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21st Annual STARS Awards Dinner

“Elwyn is proud to participate and sponsor the STARS event, where individuals we serve and the successes they have achieved take center stage. Honoring the accomplishments of the individual Stars is truly inspiring.

STARS presents an opportunity for an individual’s loved ones, supporters, peers, as well as state government legislators and officials, to recognize each award recipient’s success towards reaching their potential. They are reminded that they have accomplished so much. In some cases, rising above immense challenges. They should be proud of their success. We are!

Our State Legislators and government agency representatives leave with the powerful reminder that our I/DD individuals are deserving of the resources necessary to keep our community based programs thriving into the future.

And while STARS is about celebrating people with developmental disabilities and their successes, it is also an opportunity to be awed by the incredible work our provider agencies do in supporting I/DD individuals and the strides achieved every day. Staff who attend the STARS event are reminded why they work in this field, and the impact they have on the lives of other people.

STARS is a positive, powerful evening reaffirming the impressiveness of the I/DD community and all who are a part of it.”

Tom Papa, Sr. VP
Elwyn NJ

Tickets
Per person: $85 early bird; $90 regular
Table of 10: $825 early bird; $875 regular
(Early Bird Registration deadline is April 10th.)

Sponsorship & Advertising Opportunities
Please see information in the 2020 Advertising, Exhibitor, and Sponsorship brochure, which will be available by March.

May 12, 2020
The Stone Terrace by John Henry’s
2275 Kuser Road, Hamilton, NJ 08690
Time: 4:00 - 9:00 p.m.
# 21st Annual STARS Awards Dinner – May 12, 2020

Submission and Requirements Form

<table>
<thead>
<tr>
<th>Name of Community STAR</th>
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<tbody>
<tr>
<td>Community STAR Home Town</td>
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<tr>
<td>Sponsoring Agency</td>
<td></td>
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<tr>
<td>Contact Person &amp; Title</td>
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<tr>
<td>Contact Person Phone Number</td>
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<td>Contact Person email</td>
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Please read carefully. All nominations must include the following items:

1. **Nomination Requirement Form**
2. **Your STAR’s success story in Word format.** Stories should be concise and limited to 350 words. Clearly indicate why you are recognizing this individual by highlighting their accomplishments. *(Please be advised that all success story narratives may be subject to editing for format and content)*
3. **One (1) portrait photo and four (4) photos taken in and about their community.** Photos should be in jpeg format. Photos will be used in the program book, on display boards and in a PowerPoint slide show the night of the dinner.
4. **Signed release information Form.** *(Please note that if other people are pictured in the photos of your STAR nominee, we must have a signed Release of Information Form for each person in the photo too.)*
5. **Please submit all the above requirements to Colleen Klepser at cklepser@njacp.org.**

**Deadline for Submission**

We would appreciate receipt of all items in a complete package no later than **Friday, April 10, 2020. Please note that late nominations will not be accepted.**

**Notify Your STAR Nominee:**

Once a complete submission packet is received, NJACP will send a confirmation email to the Executive Director. Following the receipt of this confirmation, your STAR award recipient and family should be notified.

**Sponsorship & Advertising Opportunities:**

We encourage all our members to support this important program. Please see the advertising, exhibit and sponsorship brochure (which will be available by March) for opportunities.

**Registration:**

Registration and additional information will be available by end of January: [http://njacp.org/annual-events/](http://njacp.org/annual-events/).

If you have any questions, please call 609-406-1400.

**NJACP’s Annual STARS Awards Dinner**

May 12, 2020

The Stone Terrace at John Henry’s, Hamilton, NJ 08690

4:00 – 9:00 p.m.
2020 STARS Checklist

Name: __________________________________________________________
Agency: ________________________________________________________

STAR PACKETS

☐ Submission Form
☐ Photos
☐ Summary
☐ Ad
☐ Release Form – STAR
☐ Release Form – OTHERS IN THE PICTURES

_________________________________________________
_________________________________________________
_________________________________________________
_________________________________________________
_________________________________________________
21st Annual STARS Awards Dinner – May 12, 2020

Release of Information Form

I, __________________________ (name) of __________________________ (address) hereby grant to the New Jersey Association of Community Providers (NJACP) of 140 Scotch Road, Ewing, New Jersey 08628, the right to interview me and to use my name, to make still and or moving images of me and to use these images, to use information provided by me, including all or any part of my statements or any paraphrase thereof, and/or the right to portray in whole or in part, me and any events and biographical information about me, in any and all media, throughout the world, in perpetuity, including but not limited to newsletters, general public relations materials, newspapers, magazines, the internet, including any NJACP websites and in any materials used at or in relation to the annual NJACP events, such as but not limited to, the Community STARS Dinner, annual conference and media venues including NJN News.

I understand that NJACP has the right to copyright the same, to publish the same in whole or in part, severally or in conjunction with other photographs or text in any and all media for any purpose whatsoever.

I hereby release and discharge NJACP and their agents, employees, volunteers, licensees, assigns and successors for any and all claims and demands arising out of or in connection with the grant of the above rights including but not limited to any and all claims for libel, slander, defamation, invasion of privacy, invasion of the right of publicity and copyright infringement.

This release shall ensure to the benefit of all legal representatives, licensees and assigns.

I have read the foregoing and fully understand the contents thereof.

Name: ____________________________ Signature: ____________________________

Date: ____________________________

Parent or guardian must sign below (if applicable):

I represent that I am the parent or guardian of the minor whose name appears above. I warrant that I am of full age and have the legal authority to execute the above release on behalf of said minor. I have read the release before signing it and I am fully aware of its contents. I hereby consent to the foregoing on his/her behalf.

Parent/Guardian's Name (if applicable): ____________________________________________

Relationship: ______________________________________________________________________

Signature: __________________________________________________________________________

Address: __________________________________________________________________________

Date: _______________________________________________________________________________