



*Adjoin In Partnership with
The Butterfly Club*

CLIENT OF THE QUARTER

Purpose:

To provide the opportunity for clients to be recognized through the entire organization for their accomplishments and as a means to communicate with other clients and staff experiences and achievements of various individuals who receive Adjoin services throughout the state. Another way the Butterfly Club can benefit our clients!

Requirements:

All Adjoin clients of all programs are invited to participate on a voluntary basis with a written consent. The nomination will include a narrative with their name, picture, location (office), program they are in, a brief description of one unique accomplishment or experience as well as hobbies, any/all talents wishing to communicate and a brief short statement of their choice about their participation with Adjoin services.

Information & Selection:

Information on the Client of the Quarter program will be given to clients and they can express their interest in participating to their direct service staff who can share with assigned case supervisor i.e. (Case Manager, Program Leaders, Regional Managers etc). Case Manager/Program Leader/Regional Manager can make final decision on which client will be nominated and will submit nomination to Corporate (see below). Information collected will then be reviewed with the chosen client to assure it is up to date and meets all the previously mentioned requirements.

Submission of Nominations:

Submissions* are to be emailed to Kristina Gomez at kristina.gomez@adjoin.org

*All pictures of clients must be emailed to assure inclusion in the newsletter.

Recognition:

The Client of the Quarter will receive a certificate signed by the CEO and a gift recognizing their accomplishment. These items will be sent to the Program Leader/Regional Manager to present to the client. A picture will be taken of the presentation and then emailed to kristina.gomez@adjoin.org so it can be included in the newsletter. The Butterfly Club will be sponsoring the program thus all recognition items will be funded by Butterfly Club Funds.



CLIENT OF THE QUARTER Nomination Form

Client Name: _____ Location: _____

Client Program: ILS SL SE/VR HAB SOC/REC
 Day Program Longview REST/TRIPS Veterans (SSVF/HVRP)

Month/Years in Program (with Adjoin): _____

Case Manager: _____

Client picture e-mailed to kristina.gomez@adjoin.org : Yes No

Consent Form Signed: Yes (filed in client file) No

Accomplishment/Experience Description: (feel free to attach another sheet as needed)

Hobbies:

Special Talents:

Other Client Information: (feel free to attach another sheet as needed)

Authorized Signature: _____ Date: _____
(Case Manager, Program Leader, Regional Manager, etc.)

Email to kristina.gomez@adjoin.org