



## **CHILD ADVOCATE NOMINATION FORM**

Date of  
Nomination:

Foster Parent  
Name:

Name of CA being  
Nominated:

Agency Name:

Foster Parent Phone  
Number:

Please write a detailed paragraph stating who the CA is you are nominating and the reasons why you believe he/she deserves to be recognized as CA of the quarter. Submit this completed form to Tina Severance [tina.severance@browardschools.com](mailto:tina.severance@browardschools.com) or Candy Mota [Cmota@Childnet.us](mailto:Cmota@Childnet.us).

**Note: If you would like to present the award to your nominee at the FAPA meeting, please indicate that in the body of your email and you will be invited to attend.**

313 North State Road 7 Plantation, Florida 33317 Website: [www.BRFAPA.org](http://www.BRFAPA.org)