

View results

Respondent

3

Anonymous

205:27

Time to complete

Nominee Details

1. Name of Nominee *

Uzama Price

2. Name (as you wish it to appear on award) *

Uzama Price EdD, NADD-DDS, BCBA

3. Home Address *

3929 Fountain Village Lane

4. City *

High Point

5. Zip Code *

27265

6. Phone Number *

336 409 0885

7. Email Address *

uzamaprice@gmail.com

8. The nominee is a/an... *

- Family member of a person with an intellectual or other developmental disability
- Volunteer (non-professional)

Listing of Qualifications

9. Please provide a brief description (maximum 300 words) of the qualifications of the nominee for this award. Give specific information about the nominee's activities in improving the lives of people with intellectual and developmental disabilities, including examples of significant contributions and leadership.

Please include the following:

- List nominee's advocacy experience
- Areas of strength/experience/achievements in the field of intellectual or other developmental disabilities.
- List nominee's volunteer experience

*

Volunteer EXPERIENCE

2020- present Elevatus Training Advisory Council

2018- present Examiner- NADD- DDS certification program

2018- present NADD Specialist Committee

2017- to 2018Autism Society Greensboro- Supper Club facilitator

2017- 2018 Board Chair Randolph Family Health Care Center at Merce Clinic

2014 – 8/2017Board Secretary Randolph Family Health Care Center at Merce Clinic

2013- 2015Guardian Ad Litem 18th Judicial District Juvenile Court Advocate Guilford County

2014-2015- Advisory Council Salvation Army Boys and Girls Club High Point

2018- present NC START- Advisory Council Member

Qualifications based on current position

Children With Complex Needs Program Consultant - Alliance MCO 8/2018- present

This position is funded by NC DHHS authority to execute the following outcomes within the care management section of this Medicaid Managed Care Organization. Serves as primary point of contact for Alliance's work to coordinate care and develop network providers to serve children with complex needs, specifically children with ASD, ID/MH, and developmental disabilities. Responsible for reporting requirements associated with the Disability Rights of NC Settlement agreement for Children with Complex Needs. Produce quantitative/qualitative reports on needs/gaps analyses of the population for submission to NC DHHS. Provide clinical consultation to residential and outpatient providers to develop quality benchmarks, facilitate targeted training, and other strategies to improve the quality of life for each member being served. Provide technical assistance to care management staff members within the organization. Coordinate with provider agencies and their staff members to complete workforce development projects as a condition of the Children with Complex Needs Settlement Agreement. Complete bimonthly clinical reviews with the medical team and collaborate with providers and families to share recommendations related to physical and behavioral health unmet needs. Develop training on Treating the Dually Diagnosed, Healthy Sexuality, Trauma, & Intellectual Disability, and Positive Behavior Supports as tools to improve the workforce. Triage the NC START (North Carolina Systemic, Therapeutic, Assessment, Resources and Treatment) child referrals and meet monthly with the START teams to discuss referrals, treatment barriers, and success. Participated in various work groups such as the Problem Sexual Behavior group, NC Juvenile Justice House Bill 607 work group, Wake County Public Schools/ Hope Services I/DD day treatment, and the Kid's Peace/ Alliance Health Child Crisis Facility.

Supporting Information

Identify **three (3) individuals** who have knowledge of the efforts of the nominee.

NOTE: It is encouraged that individuals submit a short statement (maximum 300 words) in support of the nominee. Statements should include specific examples of work the nominee has done to influence positive change in the lives of people with intellectual and other developmental disabilities.

10. **Individual 1** - Please provide the following information:

- Full Name
- City
- Zip
- Phone, and
- Email Address

Please see next question for short statement submission.

*

Uzama Price
3929 Fountain Village Lane
High Point NC 27265
uzamaprice@gmail.com
336 409 0885

11. **Individual 1** - Please provide a short supporting statement of why this nominee should be the recipient of the Helen C. "Holly" Riddle Distinguished Service Award.

*If sending an attachment via email, please write "Sending supporting documents via email" in the text box. Please submit your supporting documents by July 10, 2024 to awards@nccdd.org and include the name of the Award and Nominee in the Subject Line (Example: Riddle Award Documents - John Doe) **

Sending supporting documents via email

12. **Individual 2** - Please provide the following information:

- Full Name
- City
- Zip
- Phone, and
- Email Address

Please see next question for short statement submission.

*

Sending supporting documents via email

13. **Individual 2** - Please provide a short supporting statement of why this nominee should be the recipient of the Helen C. "Holly" Riddle Distinguished Service Award.

If sending an attachment via email, please write "Sending supporting documents via email" in the text box. Please submit your supporting documents by July 10, 2024 to awards@nccdd.org and include the name of the Award and Nominee in the Subject Line (Example: Riddle Award Documents - John Doe)

*

Sending supporting documents via email

14. **Individual 3** - Please provide the following information:

- Full Name
- City
- Zip
- Phone, and
- Email Address

*Please see next question for short statement submission. **

Sending supporting documents via email

15. **Individual 3** - Please provide a short supporting statement of why this nominee should be the recipient of the Helen C. "Holly" Riddle Distinguished Service Award.

If sending an attachment via email, please write "Sending supporting documents via email" in the text box. Please submit your supporting documents by July 10, 2024 to awards@nccdd.org and include the name of the Award and Nominee in the Subject Line (Example: Riddle Award Documents - John Doe)

*

NA

Personal References

Identify three (3) individuals as personal references who may be contacted to help evaluate the qualifications of the nominee.

16. **Individual 1** - Please provide the following information:

- Full Name
- Phone
- Email Address

*

Beverly Harris
idie2liveforhim@yahoo.com

17. **Individual 2** - Please provide the following information:

- Full Name
- Phone
- Email Address

*

Aliesha Washington
aliesa.washington@gmail.com

18. **Individual 3** - Please provide the following information:

- Full Name
- Phone
- Email Address

*

Marc Lewis
Info@marclewisecounseling.com

Nominator Information

19. Full Name *

Uzama Prie

20. Title/Relationship to the nominee *

Self nominee

21. Email *

uzamaprice@gmail.com

22. Organization (if applicable):

N/A

23. Street Address *

3929 Fountain Village Lane

24. City *

High Point

25. Zip Code *

27265

26. Phone Number *

336 409 0885

27. Email Address *

uzamaprice@gmail.com

28.

I've read and followed the submission guidelines for my application to be considered for the 2024 Advocacy and Leadership Awards. I understand my application will not be considered if the following documents are not completed or submitted to NCCDD by July 10, 2024.

- Section 1: Completed Nominee Information
- Section 2: Completed with Listing of Qualifications
- Section 3: Completed with Short Statements of Support
- Section 4: Completed Personal References
- Submitted ON OR PRIOR TO, Wednesday, July 10, 2024.

*

- Section 1: Completed Nominee Information
- Section 2: Completed 'Listing of Qualifications'
- Section 3: Completed 'Short Statements of Support' (emailed to awards@nccdd.org)
- Section 4: Completed Personal References
- Submitted on or Prior to Wednesday, July 10, 2024