



OUTSTANDING CAREGIVER NOMINATION FORM

The last thing any of us want is to become dependent on others, but if that happens, we want someone who honors us and goes above and beyond to contribute to our quality of life. HCPC wants to pay tribute to the caregivers in our community who provide compassionate care and give so much of themselves.

Please take time to nominate and honor a special caregiver (CNAs, NARs, HCAs, and Caregivers) today.

Please, one nomination per form. You may copy this blank form if you have more than one nomination.

Please fill out this form completely and legibly and mail it to Health Care Providers Council, Attn: Caregiver

Recognition Committee, PO Box 64735, University Place, WA 98466. You can also email it to Lynessa

Tinglum at ltinglum@advanced-healthcare.com. **Nomination forms MUST BE POSTMARKED by FRIDAY**

APRIL 15th 2016. The recognition awards dinner will be held May 18th at 7 PM at The Weatherly Inn.

Tickets for dinner available on line at www.healthcareproviderscouncil.org



HEALTH CARE PROVIDERS COUNCIL of Pierce County

Nominee Contact Information (the caregiver): Name: _____

Place of Employment: _____ Phone: _____

In what setting does the caregiver provide care?

_____ Volunteer Caregiver (where does this person volunteer?): _____

_____ Family Caregiver (who does the caregiver care for?): _____

_____ In Home Caregiver (name of agency?): _____

_____ Facility Based (name of facility?): _____

_____ Adult Family Home Caregiver (name of AFH?): _____

Nominator Contact Information (person filling out this form):

Name: _____ Phone: _____

Address: _____

How do you know the nominee? _____

Best time of day to call: _____ Email: _____ **Thank You!**

