



2019 Spirit of Caring Award

This Award recognizes an employee who exemplifies the “spirit of caring.” Nominees for this award “go the extra mile,” are a resource to their organizations, provide support to their professional organizations and programs and promote community awareness of the industries represented by the Michigan HomeCare & Hospice Association (MHHA).

Criteria

Nominee:

- 1. Develops and implements creative approaches to new or existing programs, curriculum development or research activities.*
- 2. Is associated with leadership roles, activities, contributions and accomplishments that reach beyond the local level to the state, regional, national or international level.*
- 3. Provides leadership that promotes the organization’s image and community visibility through creative activities and programs.*
- 4. Demonstrates pioneering efforts that have significantly improved the organization’s ability to serve the community.*
- 5. Mentors and motivates others through demonstration of passion for and commitment to home care.*

Please submit only one nominee per agency. All nominees will remain anonymous to MHHA Award Committee members in their selection process. Please see detailed instructions on nomination form.

The winner will receive a complimentary registration and one night’s accommodation for the Michigan HomeCare & Hospice Association Annual Conference, May 22-24, 2019 at the Grand Traverse Resort and Spa in Acme, Michigan. The winner will be recognized as part of the Annual Conference festivities at the Awards Luncheon on Thursday, May 23rd!

***Return your completed nomination form by Monday, March 25, 2019 to:
Michigan HomeCare & Hospice Association, 2140 University Park Drive, Suite 220, Okemos, MI 48864
517/349-8089 phone 517/349-8090 fax***

**Michigan HomeCare & Hospice Association
2019 Spirit of Caring Award**

Nomination Form — Please Type

Deadline for Submission: Monday, March 25, 2019

I nominate the following candidate for this award; I believe he/she exemplifies the characteristics for the Spirit of Caring Award.

Last Name	First Name	Middle Initial	
Title	Organization Name/Place of Employment		
Street Address	City	Zip	
Work Telephone	Home Telephone		
<i>Education</i>			
School	Course of Study	Degree or Certificate	Year

<i>Home Care Employment Experience</i>		
Position Title	Organization	Years of Employment

Nominated by: _____ Agency: _____

The information provided above is for MHHA use only; the Award Committee will not see this information.

Important Directions

Utilizing the criteria outlined on the previous page, describe why you think the nominee qualifies for the Spirit of Caring Award (*give at least three examples which demonstrate these characteristics*). **Using a separate sheet, please type your recommendation.** All nominees will remain anonymous to Award Committee members in the selection process. Please adhere to the following guidelines:

1. Do not submit on company letterhead.
2. Do not mention your agency's name in the body of the letter or the name of the individual; any nomination containing agency- specific information will be disqualified.

Remember the nomination *must* remain anonymous.

Please return this form by March 25, 2019 to: MHHA, 2140 University Park Dr., Ste. 220, Okemos, MI 48864
Phone: 517/349-8089 Fax: 517/349-8090