



HOME CARE AIDE
ASSOCIATION OF AMERICA

Nomination Form
2003 Home Care Aide of the Year Award

Nominee's Name _____

Name of Agency _____

Agency Address _____

Agency Phone (_____) _____ Fax (_____) _____

E-mail _____ Total years employed as a home care aide _____

Dates of Nominee's Employment _____

Supervisor's Name _____

Name of individual submitting this nomination (print) _____

Signature of individual submitting this nomination _____

Guidelines for nominator:

- **Describe how you determined the selection of this candidate as a nominee for Home Care Aide of the Year.**
- **Thoroughly address the following characteristics of your nominee. Keep in mind the criteria required for nominees include excellence in:**
 1. Respect for clients/relationship with patients and families
 2. Positive influence on patients and families
 3. Promotion of patient independence
 4. Observation skills, knowledge of patient care and competency in personal care skills
 5. Flexibility toward assignments
 6. Contribution as member of the home care team to help achieve positive outcomes

Provide supportive documentation as necessary, such as letters of commendation from patients, co-workers and supervisors. **Do Not** submit performance evaluations, service records or video tapes.

Send nominations with supportive documentation to the following address before

July 16, 2003

Home Care Aide Association of America
Home Care Aide of the Year Award 2003
228 Seventh Street, SE
Washington, DC 20003-4306