A care giver is defined as a resident assistant or a nurse who has regular one-on-one interaction that is supportive in any way to the residents of the member community.

**NOMINATION GUIDELINES**

- Completed nomination forms must be mailed to MCAL, 7413 Westshire Drive, Lansing, MI 48917 and postmarked by March 20.
- The candidate must be employed at a MCAL member community in good standing for a **minimum of one year**.
- Care givers may be nominated by anyone but the nomination form must be completed by the community director.
- On a separate page, please explain why you believe your nominee should be recognized with this award.
- Recommendations can come from managers or directors and must include at least two residents statements.
- Materials will not be returned unless requested.
- By remitting this application, nominators are releasing quotes from their nominating letter and all subsequent photos to be used in any MCAL promotional materials, including social media.
- The winner will be recognized at the HCAM/MCAL Annual Convention.

**MCAL CARE GIVER AWARD**

*recognizing the most outstanding care giver among MCAL members*

**NOMINATE YOUR OUTSTANDING CARE GIVER TODAY!!**

Application Deadline: March 20, 2020

*Top photo is of 2016 winner John Weak from Botsford Commons.*
MCAL CARE GIVER AWARD

NOMINATION FORM

Name of Nominee: __________________________________________________

Job Title of Nominee: ________________________________________________

Nominees Length of Service: _________________________________________

Nominating Facility: _________________________________________________

Facility Address: _____________________________________________________

Contact Person: _____________________________________________________

Telephone: (_____) _______________  E-mail: ____________________________

Your signature constitutes an agreement that all or portions of the application, including subsequent photos, may be used for public relations and promotional purposes, including social media distribution.

Nominator’s Signature ______________________________________________

On a separate page, please explain why you believe your nominee should be recognized with this award.

When describing your nominee, please include the following information in your letter. Provide specific examples of how the nominee exhibits several of the following attributes: quality care to the residents; leadership skills; good public relations with family and the community; flexibility with his or her work schedule and having a good attendance record; promoting good safety skills; completing timely documentation; projecting a professional image; and acting as a mentor with new employees.

Completed nomination form and supporting letters must be mailed before the March 20 deadline to

MCAL
7413 Westshire Dr.
Lansing, MI 48917

Any questions should be directed to elizabeththomas@hcam.org.