Heroes are all around us!

Do you know a hero of assisted living? They are the people who make a difference in not just one life, but every life they touch. They come to work each and every day to achieve the goal of improving the lives of our residents. These heroes deserve our recognition.

MCAL is looking for nominees for our Hero of Assisted Living Award. Everyday heroes work in all facets of assisted living. Is your hero a member of the dining or life enrichment staff, maintenance or housekeeping worker, office staffer or other employee? The simplest of actions deserve the biggest rewards. Look around you for inspiration and nominate your hero today!

NOMINATION GUIDELINES

- Completed nomination forms must be mailed to MCAL, 7413 Westshire, Lansing, MI 48917 and postmarked by March 20.
- Nominees must be employed by a MCAL member facility in good standing for a minimum of one year.
- Heroes may be nominated by anyone but the nomination form must be completed by the community director.
- Volunteers, executive directors, nurses and resident aides are not eligible for the Hero of Assisted Living Award because they are eligible for other specific MCAL awards.
- Nominations should include a complete nomination form, a letter explaining why the nominee is a Hero of Assisted Living and a digital photo of the nominee.
- Materials will not be returned unless requested.
- By remitting this application, nominators and directors 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.

NOMINATE YOUR HERO TODAY!!

Application Deadline: March 20
MCAL HERO OF ASSISTED LIVING AWARD
NOMINATION FORM

Name of Nominee: _____________________________________________

Job Title of Nominee: ___________________________________________

Nominees Length of Service: ______________________________________

Nominating Community: ___________________________________________

Community Address: ______________________________________________

Contact Person: _________________________________________________

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.

Community Director’s Signature: _____________________________________

Telephone: (_____) _______________  E-mail: _________________________

Please attach a letter, no more than two pages, explaining why the nominee is your Hero of Assisted Living. Provide specific examples of how your hero has positively impacted the lives of residents and staff. How has the nominee gone beyond their job description to make your community a better place to live and work?

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

MCAL
7413 Westshire Dr.
Lansing, MI 48917

Digital photos and any questions should be directed to elizabeththomas@hcam.org.