

**NEGA CARE-NET
Caregiver of the Year Awards**

NOMINATION CRITERIA

Nominations will be taken for the following awards of those demonstrating direct service care, compassion and resourcefulness in providing long term home or community based care. To be eligible for the award, a caregiver must be currently providing care, or must have provided care within the past year.

The Rosalynn Carter Institute for Caregiving will provide reimbursement for mileage within the state of Georgia for one car, hotel accommodations for one room for one night, and 3 reservations to the Awards banquet for each State-wide winner.

(Mileage forms must be submitted within 30 days to receive reimbursement.)

Only one nomination for each category will be accepted.

AWARD CATEGORIES

Family Caregiver Award

Nominees accepted:

- Any family member providing assistance to a person with a disability, chronic illness or other condition requiring support and assistance to have a full life in the community.
- A non-relative, but perceived as family, such as neighbor or friend.

Para-Professional Caregiver Award

Nominees accepted:

- Licensed Practical Nurse (LPN)
- Therapy aide
- Home Health Aide
- Certified Nursing Assistant (CNA)
- Nurse's Aide/Patient Care Technician
- Direct Support Caregiver (companion/sitter)

Volunteer Caregiver Award

Nominees Accepted:

- A volunteer that has completed at least one year of service caring for an individual or individuals in a capacity that aids and/or improves their life. i.e. Hospice Volunteer, Church Volunteer, Volunteer with an Association such as Alzheimer's, Parkinson's, etc.

OR

- A volunteer who has been involved in an event or situation which has made a real difference in the life of a care receiver or their family.

Submit all information at one time per candidate. (If anything is missing, they will not be considered)

- **Regional nomination form**
- **Caregiver information form**
- **Photo release form**
- **Photo**

**Please send information either by e-mail or regular mail to maintain
clarity of photo.**

REGIONAL NOMINATION FORM

All nominations must be sent and received by CARE-NET by July 14, 2015

Nominee's Name _____

Organization (if applicable) _____

Address _____

Telephone _____

Email _____

Nominated by: _____

Organization (if applicable) _____

Address _____

Telephone _____

Email _____

Award Category (check one)

_____ Family Caregiver Award

_____ Para-Professional Caregiver Award

_____ Volunteer Caregiver Award

Please submit the completed nomination form, comments to statements, photo release and picture to:

Michele Kelley

NEGA CARE-NET

305 Research Drive

Athens, Georgia 30605

mkelley@negrc.org

Georgia Caregiver Information

Nominee: _____

Nominating CARE-NET: _____

Caregivers are by definition very special people who all deserve to be recognized in this way. When telling the story of your caregiver, try to relate anything that makes them truly stand out as an example to others in the caregiving community.

In sharing the story of the nominated caregiver, include examples of any of the following:

- how this nominee exhibits exceptional compassion and dedication in their caregiving duties.

- ways in which this nominee has expanded their knowledge of caregiving skills and techniques.

- ways in which this nominee has worked to support other caregivers in the community.

- examples of why this caregiver is extraordinary.