

Date: June 6, 2017

To: MHCA District 5 Activity Directors/Administrators

From: Gay Hartness, District 5 Pageant Coordinator

The District 5 Beauty Pageant is scheduled for July 28, 2017. This years Beauty Pageant entitled "Once Upon a Time," is anticipated to be a unique, wonderful experience for your contestant, their families and employees. The pageant will be held at the **Miner Convention Center**, 2610 East Malone Ave, Miner, MO 63801. We hope that many facilities will take advantage of this special event.

The following is a list of responsibilities that each facility must complete to be ready to participate in the pageant:

- 1.) Select a contestant to represent your facility at the District Pageant.
- 2.) Make sure that your facility has current physician's orders and signed release for photos in your candidate's chart before attending the pageant. (Forms attached - for facility use only)
- 3.) Each contestant should wear her own sash and corsage. Attire should be formal.
- 4.) Send in contestant information sheet, life story, reservation form and \$165.00 entry fee (payable to MHCA) **NO LATER THAN** July 14, 2017. Mail to: Heartland Care & Rehab Center, ATTN: Gay Hartness, 2525 Boutin Drive, Cape Girardeau, MO 63701.

The luncheon will begin promptly at 11:30 a.m. We ask that all contestants arrive by 11:00 a.m. (especially if there is any last minute grooming) so that everyone will be seated and ready to eat by 11:30. The luncheon is available to your contestant, their family members and facility staff. The entry fee will cover the cost of four (4) meals - your contestant and three guests. If there are more than four people attending in your party, each additional person will be charged \$16.00 for the meal. This amount should be added to the entry fee check. Individual judging will occur during and after the meal. Our goal is to have the program complete by 3:30 p.m.

The judges' ballots are attached so that you can see the categories by which the contestants will be judged. The judges' decisions will be based on the information provided on the contestant information form, life story narrative and personal interviews throughout the pageant. Please type the contestants' life story and information form. These forms will be copied and sent to the judges prior to the event. It's important that they are legible.

This is a wonderful and rewarding experience for one of your special residents, a thrill for the family members of that special resident and a treat for you and your staff. It is also a GREAT tool to use in marketing your facility in your community. We hope to see you there!!!

If you have any questions, please contact me at 573-334-5225. Thank you!

MHCA Ms. Nursing Home Pageant
Contestant Information
(please type or print)

Name of Resident: _____

Name of Facility: _____

Contact Person _____ City: _____

Age: _____ DOB: _____ Birth Place: _____

Sight Impaired? _____ Hearing Impaired? _____

Information about Parents: _____

Information about Childhood: _____

Schooling: _____

Spouse: _____ His Occupation: _____

Years Married: _____ Number of Children: _____

Number of Grandchildren: _____ Number of Great-Grandchildren: _____

Former Occupation: _____

Community Involvement: _____

Important/Interesting Events in Life: _____

Travel: _____

Highpoint in Life: _____

Current Talents/Involvement in Facility: _____

In 250 words or less, tell us about this resident's life, accomplishments, interesting travel, hobbies and unusual happenings (see sample enclosed)

**Missouri Health Care Association
District 5 - Beauty Pageant Reservation
Miner Convention Center
July 28, 2017**

Facility Name: _____

Contact Person: _____

Phone Number: _____

Contestant Name: _____

Number of Persons Attending: _____

**PLEASE RETURN THIS FORM, CONTESTANT INFORMATION, AND PAYMENT NO LATER THAN JULY 14, 2017 TO:

HEARTLAND CARE & REHAB CENTER
ATTN: GAY HARTNESS
2525 BOUTIN DRIVE
CAPE GIRARDEAU, MO 63701
573-334-5225

**MISSOURI HEALTH CARE ASSOCIATION
PAGEANT RESIDENT RELEASE FORM**

_____ has been examined by me and to the best of my knowledge
(Participant's name)
is capable of participating in the MHCA Pageant.

Physician's signature _____



_____ has my permission to participate in the MHCA Pageant. I
(Participant's name)
give permission for pictures to be used in media release.

**Responsible
Party's signature** _____



I, _____ choose to participate in the MHCA Pageant. I
(Participant's name)
understand photos, video tapes/audio recordings may be used for the purpose of
illustration, advertising, publication and promotion.

Resident's signature _____

PLEASE HAVE THIS FORM COMPLETED.

SAMPLE LIFE STORY LETTER

Betty Smith
ABC Facility
Springfield, MO 65802

BORN - A Connecticut Yankee

RAISED - A Florida Cracker and for the past 30 years, by deliberate choice - a confirmed Ozark Hillbilly. THAT'S ME!!

I started teaching fresh out of High School, armed with a Florida Teacher's Certificate. The school was a one room country school house, with all eight grades. There was a principal, teacher, janitor, librarian and nurse, all rolled into one. I learned besides my basic teaching skills, teachers are made not born.

In addition to my 34 years of teaching, I was blessed with a wonderful 50 year marriage, 4 lovely children, Margaret, Mary, Sue and Richard. 8 Grandchildren; 13 great-grandchildren, and 3 great, great-grandchildren.

Besides the fun of teaching, I had many exciting experiences. For instance, when a college degree became mandatory for teachers, I drove a 60 passenger school bus to pay for further schooling. At age 53 I graduated from Stetson University with 2 teenagers at home and 5 grandchildren. With retirement in view, we moved to the Ozarks - but - Mom went back to teaching.

Retiring at last, as my husband's health failed, I managed to squeeze in night classes teaching ABE and Special Education classes under a Government Title One program. Besides teaching "Mama Spouts Poetry", I used this title for the first published book of my poetry.

My motto is "Wear Out or Rust Out"

Conscious of the fact that we all either wear out or rust out, I do not intend to rust out! I welcome the opportunity to stay useful and a blessing for others.

Ms. Missouri Nursing Home Pageant
MHCA District 5

JUDGE'S BALLOT

Name of
Contestant: _____

Name of
Facility: _____

Score (1-10) points for each category:

Personality for age _____

Spryness/Spunk for age _____

Physical Appearance _____

Ability to express happiness in her life in a nursing facility _____

Participation in activities in her facility _____

Life activities (resume read and enclosed) _____

Attitude towards life in general and her fellowman _____

Her smile _____

Talents _____

Total _____

Ms. Missouri Nursing Home Pageant MHCA District 5

PERSONAL INTERVIEW BALLOT

Name of
Contestant: _____

Name of Facility: _____

*SCORE FROM 1-50 POINTS
(FOCUS ON PERSONALITY, CHARM AND ABILITY TO
COMMUNICATE)*

REMARKS:

TOTAL POINTS FOR PERSONAL INTERVIEW: