



Annual Awards Nomination Form

Believe it or not, this is the 31st Anniversary of the HCAW Annual Awards! Help us celebrate those that make a difference. Please take a moment to write about your employees, colleagues, or volunteers in home care, home health, or hospice whose service is meritorious. You know these people well, and they deserve our praise. These are your hardest working contributors who truly make a difference in the lives of others and justly deserve this recognition. Let us spread the word!

AWARD CATEGORIES

Physician of the Year

Name that special doctor who promotes and supports your organization and our industry.

Patty Mulhern Nurse of the Year

Give recognition to the RN or LPN field staff whose service is exemplary.

Therapist of the Year

Choose an OT, PT, ST, or MSW who performs his/her duties in an outstanding manner.

Home Care Aide of the Year

Find the CNA, Personal Care Aide, or Respite Worker who is a complete standout.

Volunteer of the Year

Give acknowledgement to that cherished person who gives that most special gift of time.

Manager/Supervisor of the Year

Describe the unique person who has contributed significantly to the success of your organization as a leader and/or mentor.

Support Staff of the Year

Commend the medical records/health information personnel, receptionist, customer service staff, or assistant who stands out beyond all others.

Hero of the Year

Send us your story about an ordinary person who has performed extraordinary actions.

Excellence in Chronic Care Management

This is an award that goes to the agency with the most compelling patient story demonstrating positive patient outcomes utilizing chronic care management.

Community Service

Choose that special person who may not work for your organization, but continually helps your agency stay successful and true to your mission & vision.

HCAW Annual Awards Nomination Form

Thank you for taking the time to nominate one of your special colleagues for the Annual HCAW Awards Program. In order to submit a nomination, please provide the following information. If any of your previous nominees did not win in the past, we encourage you to nominate them again.

NOMINATOR INFORMATION

Please fill in your information below:

Name:		
Agency:		
Address:		
City:	State:	Zip:
Phone:	Email:	

NOMINEE INFORMATION

I wish to nominate _____ [Name of Nominee] for
_____ [Category]. This person has worked in our agency for
_____ [# of years] and has worked in the home care, home health care, or hospice
industry for _____ [# of years].

On a separate piece of paper, write a brief description (typewritten preferred) about the services provided by the nominee whom you believe merits this award. Feel free to add tidbits of information, including facts and quotes. These stories help the judges understand the depth of the nominee.

**Please limit documentation to a maximum of one typewritten page (12-point font).
Return this form, with written description by **March 20th** to the HCAW Awards Committee:**

Home Care Association of Washington
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F: 877-460-5880 | E: info@hcaw.org