



HCANJ AWARDS PROGRAM

The Health Care Association of New Jersey established an annual awards program to recognize the contributions of outstanding long term care staff, residents and volunteers from throughout the state. Centers that have nominated winners in previous years are well aware of the excitement involved and the pleasure derived from watching their candidate receive an award. It is well worth the effort to be part of this program – start now by deciding whom your center will nominate for our prestigious awards:

EXCELLENCE IN LONG TERM CARE ADMINISTRATION

NURSE OF THE YEAR

CAREGIVER OF THE YEAR

RESIDENT BETTER LIFE AWARD

VOLUNTEER OF THE YEAR AWARD

You may nominate a group for the volunteer award but only one Volunteer of the Year Award will be presented.

You may nominate one or more candidates in any appropriate category and enter in as few or as many of the above categories as you like (A separate set of forms must be used for each entry.). If a candidate you nominated last year did not win, feel free to enter that same person/group again this year. Please note that candidates who have already won in a specific category may not be entered in that category again.

An independent panel of judges will select winners and the awards will be presented at an Awards Ceremony in October during HCANJ's Annual Convention at Harrah's Casino Resort, Atlantic City.

All entries must be completed online or typed on the forms provided and must be received in the HCANJ Executive Office no later than June 1st.

Criteria, guidelines, and application forms follow. Please be sure your responses are pertinent to the questions asked. Judging will concentrate on the specific reasons why a given candidate's contributions should be recognized, therefore, biographical data should not be part of your text. However, biographical information is necessary for any written materials produced about winners; therefore, a separate sheet is attached for that information. Additionally, nominators must use the spaces provided on the nomination forms to answer specific questions, rather than type a separate narrative that addresses all the questions asked.

On the next page, you will find descriptions of each of the awards.

Please note that the award winner in the Volunteer Category will be submitted as New Jersey's nominee for the American Health Care Association/National Center for Assisted Living's Volunteer of the Year Awards next year.

If you have any questions, please contact me at (609) 890-8700.

Pattie Tucker
Director, Communication & Public Relations

EXCELLENCE IN LONG TERM CARE ADMINISTRATION AWARD

Nominees for this award must have served as administrator/executive director in a member center for a minimum of two consecutive years, have current and direct center supervisory responsibility, be actively involved with HCANJ, demonstrate outstanding leadership ability, and have made a significant contribution to the profession.

NURSE OF THE YEAR AWARD

The nominee must be a licensed practical nurse or registered professional nurse in New Jersey and actively employed with a member center* of the Health Care Association of New Jersey for at least the past twelve consecutive months. The nominee may be at any level of nursing employment or scope of responsibility. Outstanding contributions to the nursing profession and to the field of healthcare must be demonstrated.

CAREGIVER OF THE YEAR AWARD

The nominee must be actively employed with a member center* of the Health Care Association of New Jersey for at least the past twelve consecutive months. The nominee may be employed in any unlicensed capacity (CNA, Maintenance, Housekeeping, Admissions, etc.). Outstanding contributions in support of the long term care profession and to the enhancement of the health and/or quality of life of your residents must be demonstrated.

RESIDENT BETTER LIFE AWARD

The candidate must be a resident of a member center* of the Health Care Association of New Jersey for at least the past twelve consecutive months. The nominee should be someone who has made outstanding contributions to enhance the lives of fellow residents. He/she may share a special talent with others, may have overcome tremendous personal handicaps, or might simply be the type person whose personality is inspirational to all.

VOLUNTEER OF THE YEAR AWARD

Nominees are an individual or group who have made significant contributions to the quality of life of long term care residents who have served a member center* of the Health Care Association of New Jersey for at least one year prior to nomination. Volunteer candidates considered are those who contribute to the emotional, social, and psychological well-being of residents. Please note: This award was previously broken into an individual and a group category. It is now a single award.

**nursing, assisted living, residential health care, comprehensive personal care, etc.*

All entries must be completed online and printed out (or printed out and typed), mailed or emailed, and received (*not postmarked by*) HCANJ no later than JUNE 1.

Emailed nominations cannot be scanned copies. Please save these forms to your computer, type directly into them, and then attach to an email to pattie@hcanj.org.

FAXED NOMINATIONS CANNOT BE ACCEPTED

Postal mail to:

HCANJ

Attn: Pattie Tucker

4 AAA Drive, Suite 203, Hamilton, NJ 08691-1813

Health Care Association of New Jersey

VOLUNTEER OF THE YEAR

NOMINATION FORM

SECTION 1

Nominee's Name _____

Home Address _____

City _____ State _____ Zip _____

Home Telephone Number _____ If under 18, please give age _____

Nominating center _____

Address _____

City _____ Zip _____

Telephone Number _____ Fax _____

Center Administrator _____

Email _____

Nominator _____

Title _____

Email _____

Letters of support must accompany this nomination form (Please see Section 3).

Please do not use center identifiers (center name, corporate name, etc.) throughout the remainder of the nomination form.

Please email a clear, head and shoulders photo of the nominee to pattie@hcanj.org and reference the center, award category, and nominee's name in the body of the email. Please be sure the photo is taken in front of a plain background. Please keep in mind that if your nominee is chosen as the winner, this is the photo that will be used for publication.

Nominations due by JUNE 1.

SECTION 2

I. Please provide the following information about your nominee and the center for HCANJ's Volunteer of the Year award.

A. Length of volunteer service at nominating center: _____ years

B. Frequency of service:

1. How many hours per visit _____

2. How many visits per month _____

C. Total number of residents in the center _____

**II. Describe how the nominee personally interacts with residents.
(350 characters and spaces – approx. 50 words)**

**Describe the nominee's leadership in initiating programs for residents.
(350 characters and spaces – approx. 50 words):**

**What types of projects does this nominee volunteer for or specialize in?
(350 characters and spaces– approx. 50 words)**

Name: _____

**Describe the nominee's efforts to encourage others to volunteer at the center.
(350 characters and spaces – approx. 50 words)**

Describe how the nominee's activities support the mission of the center and goals of the staff? (350 characters and spaces – approx. 50 words)

**How has your nominee made a unique contribution to the residents and center?
(350 characters and spaces – approx. 50 words)**

(continued on the next page)

III. In the space provided, (approximately 300 words or 1600 characters and spaces) explain what makes your Volunteer of the Year nominee special. Use the following questions as a guide.

- A.** How does your nominee help residents reach their potential?
- B.** What makes the nominee extraordinary?
- C.** How has the nominee improved the quality of life at the center?

Please type your comments here and not on a separate sheet of paper.

SECTION 3

Submit three, one-page letters of reference that support the nominee. One letter must be from the center owner, administrator or other top administrative official. A second letter must be from a center leader in a management role. These letters must be on center letterhead. The third letter must personally support the nominee and should be from a resident, a resident's family member, or a friend of a resident who visits frequently; it may not be from a staff member. All letters must be personally signed.

These references should address these characteristics of the nominee:

- Personal growth by volunteering;
- Work ethic;
- Commitment to serving; and,
- Attitude, character and ability to motivate.

BIOGRAPHICAL DATA SHEET

VOLUNTEER OF THE YEAR AWARD

It is not mandatory that we receive this information. At your discretion, and with permission from the nominee, fill in below as appropriate. Feel free to elaborate and/or to add anything you feel is interesting about the nominee (this information will not be considered in the judging process).

Name _____

Age (optional) _____

Spouse's Name _____ Number of years married: _____

Children's Names and Ages (optional)

No. of Grandchildren _____

No. of years living in present town _____

Resident of _____

Educational background

Military service-branch, dates and rank _____

Hobbies _____

Memberships _____

Previous Honors and Awards

Any other pertinent data:

ACKNOWLEDGEMENT AND RELEASE

HCANJ AWARDS PROGRAM

I, _____, hereby acknowledge that

_____ has nominated me for HCANJ's Volunteer of the Year Award. I have read the completed forms and certify that the information is correct. If I am selected to receive the award, the Health Care Association of New Jersey has my permission to use the information on the application forms and biographical data sheet in their publications and with the media, along with any photographs sent or taken of me receiving my award. If I am physically able to do so, I will attend the Awards Ceremony at the annual HCANJ Convention in Atlantic City in October to accept my award personally. I further understand and agree that if I am selected to receive this award I will be submitted as HCANJ's nominee for next year's AHCA/NCAL Volunteer of the Year Award.

Signature of Nominee

Dated _____

NOTE: If nominee is under the age of 18, a parent or guardian must sign below:

As the parent/guardian of _____, I hereby give permission for him/her to be nominated and have read and agree to the Acknowledgement and Release above.

Signature of parent/guardian

Dated _____

Please be sure that all components of this nomination are received in the HCANJ offices (not postmarked by) no later than June 1.

Health Care Association of New Jersey

RESIDENT BETTER LIFE AWARD

NOMINATION FORM

Nominee's Name _____

Nominating Center _____

Address _____

City _____ Zip _____

Telephone Number _____ Fax _____

Center Administrator _____

Email _____

Nominator _____

Title _____

Email _____

Please also complete questionnaire on Page Two
and follow additional instructions on Page Three.

Please do not use center identifiers (center name, corporate name, etc.) throughout the remainder of the nomination form.

Please e-mail a clear, head and shoulders photo of the nominee to pattie@hcanj.org and reference the center, award category and nominee's name in the body of the e-mail.

Please be sure the photo is taken in front of a plain background.

Please keep in mind that if your nominee is chosen as the winner,
this is the photo that will be used for publication.

Nominations due by JUNE 1.

Please provide the following information about your nominee for HCANJ's Resident Better Life award:

1. How long has resident lived at your center? _____
2. Activities resident participates in to better resident life in the center:
(check all those that apply & explain as part of your narrative in #6)

- ☐ Visits residents one on one
- ☐ Leads or assists in craft sessions
- ☐ Leads or assists in religious sessions
- ☐ Leads or assists group discussions
- ☐ Leads or assists educational programs
- ☐ Provides personal services (shopping, grooming, reading)
- ☐ Performs for residents (including musical performance)
- ☐ Provides support for any of above
- ☐ Other (please be specific below)

3. Please describe briefly any programs developed by the nominee (350 characters – approx. 50 words).

4. Explain how your nominee conveys a positive outlook to fellow residents (350 characters – approx. 50 words).

5. Explain how your nominee conveys a positive outlook about center life to those in your surrounding community (350 characters – approx. 50 words).

6. In the space provided (approximately 200 words or 1600 characters and spaces), explain what makes your Resident nominee special. In your discussion, please remember to offer details of the items marked on the check list (#2 above) and, as specifically as possible, the ways in which your nominee has helped improve life at your center.

Please type your comments here and not on a separate sheet.

BIOGRAPHICAL DATA SHEET

RESIDENT BETTER LIFE AWARD

It is not mandatory that we receive this information. At your discretion, and with permission from the nominee, fill in below as appropriate. Feel free to elaborate and/or to add anything you feel is interesting about the nominee (this information will not be considered in the judging process).

Name _____

Age (optional) _____

Spouse's Name _____ Number of years married: _____

Children's Names and Ages (optional)

No. of Grandchildren _____

No. of years living in present town _____

Former resident of _____

Educational background

Military service-branch, dates and rank _____

Hobbies _____

Memberships _____

Previous Honors and Awards

Any other pertinent data:

ACKNOWLEDGEMENT AND RELEASE

HCANJ AWARDS PROGRAM

I, _____, hereby acknowledge that
_____ has nominated me for HCANJ's Resident
Better Life Award. I have read the completed forms, and certify that the information is correct.
If I am selected to receive the award, the Health Care Association of New Jersey has my
permission to use the information on the application forms and biographical data sheet in their
publications and with the media, along with any photographs sent or taken of me receiving my
award. If I am physically able to do so, I will attend the Awards Ceremony at the annual HCANJ
Convention in Atlantic City in October to accept my award personally.

Signature of Nominee

Dated _____

**Please be sure that all components of this nomination are received in the
HCANJ offices (not postmarked by) no later than June 1.**

Health Care Association of New Jersey
NURSE OF THE YEAR
NOMINATION FORM

Nominee's Name _____		
Home Address _____		
City _____	State _____	Zip _____
Home Telephone Number _____		License No. _____
Job Title _____		Date of Employment _____

Nominating Center _____

Address _____

City _____ Zip _____

Telephone Number _____ Fax _____

Center Administrator _____

Email _____

Nominator _____

Title _____

Email _____

Please do not use center identifiers (center name, corporate name, etc.) throughout the remainder of the nomination form.

Please e-mail a clear, head and shoulders photo of the nominee to pattie@hcanj.org and reference the center, award category and nominee's name in the body of the e-mail. Please be sure the photo is taken in front of a plain background. Please keep in mind that if your nominee is chosen as the winner, this is the photo that will be used for publication.

Nominations due by JUNE 1.

Name: _____

Please provide the following information about your nominee for HCANJ's Nurse of the Year award:

- 1. Total number of residents in your center:** _____
- 2. Length of service at nominating center:** _____ *(At least 12 consecutive mos. required.)*
- 3. In the spaces provided (1600 characters & spaces – approx. 200 words each), please describe how your nominee meets the following criteria:**
 - **Clinical care: Excellence in direct nursing**

- **Resident advocacy: Exceeding the call of duty in advocating for residents**

- **Innovation/creativity:** Innovative and creative contributions that improve the health and/or quality of life of your residents

- **4. How does your nominee contribute to effective communication with residents, families and other staff members?**

5. In the space provided (1600 characters & spaces – approx. 200 words), please, provide any other information you think the judges should know about your candidate and why you feel this nominee deserves the award. Please give specific examples of your nominee's deeds and accomplishments. In your discussion, keep in mind the following guidelines that will be used by the judging committee to determine outstanding contributions:

- a. Provision of direct nursing services to individuals, families, and community members to assist them with functioning at, and maintaining, optimum levels of health.
- b. Demonstrated leadership that assists peers in their development, as well as serving as a role model in inspiring peers to improve the quality of their performance.
- c. Significant contributions to a particular area of nursing that may include education, research, administration or clinical practice.
- d. Distinguished service or valuable assistance to the nursing profession.
- e. Participation in activities that foster a positive public image of long term care through community service.

Please type your comments here and not on a separate sheet.

BIOGRAPHICAL DATA SHEET

NURSE OF THE YEAR AWARD

It is not mandatory that we receive this information. At your discretion, and with permission from the nominee, fill in below as appropriate. Feel free to elaborate and/or to add anything you feel is interesting about the nominee (this information will not be considered in the judging process).

Name _____

Age (optional) _____

Spouse's Name _____ Number of years married: _____

Children's Names and Ages (optional)

No. of Grandchildren _____

No. of years living in present town _____

Former resident of _____

Educational background

Military service-branch, dates and rank _____

Hobbies _____

Memberships _____

Previous Honors and Awards

Any other pertinent data:

ACKNOWLEDGEMENT AND RELEASE

HCANJ AWARDS PROGRAM

I, _____, hereby acknowledge that

_____ has nominated me for HCANJ's Nurse of the Year Award. I have read the completed forms, and certify that the information is correct. If I am selected to receive the award, the Health Care Association of New Jersey has my permission to use the information on the application forms and biographical data sheet in their publications and with the media, along with any photographs sent or taken of me receiving my award. If I am physically able to do so, I will attend the Awards Ceremony at the annual HCANJ Convention in Atlantic City in October to accept my award personally.

Signature of Nominee

Dated _____

Please be sure that all components of this nomination are received in the HCANJ offices (not postmarked by) no later than June 1.

Health Care Association of New Jersey

CAREGIVER OF THE YEAR

NOMINATION FORM

Nominee's Name	_____
Home Address	_____
City	_____ State _____ Zip _____
Home Telephone Number	_____
Job Title	_____ Date of Employment _____

Nominating Center _____

Address _____

City _____ Zip _____

Telephone Number _____ Fax _____

Center Administrator _____

Email _____

Nominator _____

Title _____

Email _____

Please do not use center identifiers (center name, corporate name, etc.) throughout the remainder of the nomination form.

Please e-mail a clear, head and shoulders photo of the nominee to pattie@hcanj.org and reference the center, award category and nominee's name in the body of the e-mail. Please be sure the photo is taken in front of a plain background. Please keep in mind that if your nominee is chosen as the winner, this is the photo that will be used for publication.

Nominations due by JUNE 1.

Name: _____

Please provide the following information about your nominee for HCANJ's Caregiver of the Year award:

- 1. Total number of residents in your center: _____**
- 2. Length of service at nominating center: _____** *(At least 12 consecutive mos. required.)*
- 3. In the spaces provided (1600 characters & spaces – approx. 200 words each), please describe how your nominee meets the following criteria:**
 - **Resident advocacy: Exceeding the call of duty in advocating for residents.**

- **Innovation/creativity: Innovative and creative contributions that improve the health and/or quality of life of your residents**

Name: _____

4. How does your nominee contribute to effective communication with residents, families and other staff members?

5. How does your nominee contribute to a positive image of your center and the long term care profession as a whole, not only to those in your building, but to the community-at-large?

5. In the space provided (1600 characters & spaces – approx. 200 words), please, provide any other information you think the judges should know about your candidate and why you feel this nominee deserves the award. Please give specific examples of your nominee's deeds and accomplishments. In your discussion, keep in mind the following guidelines that will be used by the judging committee to determine outstanding contributions:

- a. Provision of services to individuals, families, and community members to assist them with maintaining optimum levels of health and/or quality of life.
- b. Demonstrated leadership that assists peers in their development, as well as serving as a role model in inspiring peers to improve the quality of their performance.
- c. Significant contributions to the residents/families/fellow staff.
- d. Distinguished service or valuable assistance.
- e. Participation in activities that foster a positive public image of long term care through community service.

Please type your comments here and not on a separate sheet.

BIOGRAPHICAL DATA SHEET

CAREGIVER OF THE YEAR AWARD

It is not mandatory that we receive this information. At your discretion, and with permission from the nominee, fill in below as appropriate. Feel free to elaborate and/or to add anything you feel is interesting about the nominee (this information will not be considered in the judging process).

Name _____

Age (optional) _____

Spouse's Name _____ Number of years married: _____

Children's Names and Ages (optional)

No. of Grandchildren _____

No. of years living in present town _____

Former resident of _____

Educational background

Military service-branch, dates and rank _____

Hobbies _____

Memberships _____

Previous Honors and Awards

Any other pertinent data:

ACKNOWLEDGEMENT AND RELEASE

HCANJ AWARDS PROGRAM

I, _____, hereby acknowledge that

_____ has nominated me for HCANJ's Caregiver of the Year Award. I have read the completed forms, and certify that the information is correct. If I am selected to receive the award, the Health Care Association of New Jersey has my permission to use the information on the application forms and biographical data sheet in their publications and with the media, along with any photographs sent or taken of me receiving my award. If I am physically able to do so, I will attend the Awards Ceremony at the annual HCANJ Convention in Atlantic City in October to accept my award personally.

Signature of Nominee

Dated _____

Please be sure that all components of this nomination are received in the HCANJ offices (not postmarked by) no later than June 1.

Health Care Association of New Jersey
EXCELLENCE IN LONG TERM CARE ADMINISTRATION
NOMINATION FORM

Nominee's Name _____		
Home Address _____		
City _____	State _____	Zip _____
Home Telephone Number _____		
Exact Job Title _____		Date of Employment _____

Nominee's Center _____

Address _____

City _____ Zip _____

Telephone Number _____ Fax _____

Nominator _____

Title _____

Email _____

Company (if not based at the center) _____

Email _____

Address _____

City _____ Zip _____

Telephone Number _____ Fax _____

Please do not use center identifiers (center name, corporate name, etc.) throughout the remainder of the nomination form.

Please e-mail a clear, head and shoulders photo of the nominee to pattie@hcanj.org and reference the center, award category and nominee's name in the body of the e-mail. Please be sure the photo is taken in front of a plain background. Please keep in mind that if your nominee is chosen as the winner, this is the photo that will be used for publication.

Nominations due by JUNE 1.

**Nominations may be made by any HCANJ member; however,
self nominations are not permitted.**

Nominees for this award must meet the following criteria:

- Served as administrator/executive director in a member center for a minimum of two consecutive years
- Has current, direct, center supervisory responsibility
- Is actively involved with HCANJ
- Demonstrates outstanding leadership ability
- Has made a significant contribution to the profession

You must provide your responses in the spaces given for each question. You may not attach an additional sheet.

Please provide the following information about your nominee:

1. Total number of residents in your center: _____
2. Length of service at nominating center: _____ *(At least 24 consecutive mos. required)*
3. How long has the nominee worked in the long term care profession? _____
4. How long has the nominee been involved with the Health Care Association of New Jersey? _____
5. What is the extent of your nominee's activity with the Health Care Association of New Jersey? (500 characters and spaces – approx. 60 words)

(Continued on next page)

6. In the spaces provided (1600 characters & spaces – approx. 200 words each), please describe how your nominee meets the following criteria:
- **Team building:** Creating an atmosphere of empowerment, trust & confidence for staff
 - **Innovation/creativity:** Innovative and creative contributions that improve the health and/or quality of life of your residents

Communication: How does your nominee contribute to effective communication with residents, families and staff members?

Image: Please provide specific examples of how your nominee contributes to a positive image of your center and the long term care profession as a whole, not only to those in your building, but to the community-at-large?

7. In the space provided (1600 characters & spaces – approx. 200 words), please, provide any other information you think the judges should know about your candidate and why you feel this nominee deserves the award. Please give specific examples of your nominee's deeds and accomplishments. In your discussion, keep in mind the following guidelines that will be used by the judging committee to determine outstanding contributions:

- a. Provision of services to individuals, families, and community members to assist them with maintaining optimum levels of health and/or quality of life.
- b. Demonstrated leadership that assists peers in their development, as well as serving as a role model in inspiring peers to improve the quality of their performance.
- c. Significant contributions to the residents/families/fellow staff.
- d. Distinguished service or valuable assistance.
- e. Participation in activities that foster a positive public image of long term care through community service.

Please type your comments here and not on a separate sheet.

8. Submit two, one-page letters of reference that support the nominee.

These references should address these characteristics of the nominee:

- Personal leadership and dedication to residents and staff
- Exceptional efforts to increase the quality of life of center residents
- Ability to identify needs and develop creative solutions
- Initiating efforts to acquaint legislators and other state officials with the important issues facing long term care
- Commitment to earn and extend respect to residents, families, community members, and colleagues

BIOGRAPHICAL DATA SHEET

EXCELLENCE IN LONG TERM CARE ADMINISTRATION

It is not mandatory that we receive this information. At your discretion, and with permission from the nominee, fill in below as appropriate. Feel free to elaborate and/or to add anything you feel is interesting about the nominee (this information will not be considered in the judging process).

Name _____

Age (optional) _____

Spouse's Name _____ Number of years married: _____

Children's Names and Ages (optional)

No. of Grandchildren _____

No. of years living in present town _____

Former resident of _____

Educational background

Military service-branch, dates and rank

Hobbies

Memberships

Previous Honors and Awards

Any other pertinent data:

ACKNOWLEDGEMENT AND RELEASE

HCANJ AWARDS PROGRAM

I, _____, hereby acknowledge that

_____ (Center/Company) has nominated me for HCANJ's Excellence in Long Term Care Administration Award. I have read the completed forms and certify that the information is correct. If I am selected to receive the award, the Health Care Association of New Jersey has my permission to use the information on the application forms and biographical data sheet in their publications and with the media, along with any photographs sent or taken of me receiving my award. If I am physically able to do so, I will attend the Awards Ceremony at the annual HCANJ Convention in Atlantic City in October to accept my award personally.

Signature of Nominee

Dated _____

Please be sure that all components of this nomination are received in the HCANJ offices (not postmarked by) no later than June 1.