



*This is your opportunity to recognize a special caregiver who has done so much for you or for your loved one. Won't you take a few minutes to nominate yours?*

**Information about the Nominator:**

**Your Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Best Contact Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

Please choose the Category for your outstanding **Caregiver** by placing an **X** by the appropriate description. Caregivers as well as Military Veterans who may be working in a Caregiver capacity may also be nominated.

There will be one (1) winner in each of the following Categories:

\_\_\_\_\_ **Hospital or Hospice Caregiver:** this award is given to a nurse, respiratory therapist, physical therapist, occupational therapist, PSA, nurses' aide, volunteer, chaplain, etc.

\_\_\_\_\_ **Nursing Home/Retirement Community:** this award is given to any employee or volunteer who provides care in a nursing home or retirement community.

\_\_\_\_\_ **Homecare Caregiver:** this award is given to a caregiver such as Comfort Keepers, Home Instead, etc. or an independently-employed caregiver.

\_\_\_\_\_ **Child Caregiver:** this award is given to someone who cares for a child (18 or under). The caregiver may be either paid or unpaid.

\_\_\_\_\_ **Physician:** this award is given to an outstanding Doctor who is a caregiver for his/her Patients and/or the community "as a whole."

\_\_\_\_\_ **Family Caregiver:** this award is given to a member of the family who is an outstanding Caregiver for a member of his/her immediate family or for a relative in need.

**Nominee Information:**

**Caregiver Name:** \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Caregiver's Best Contact Phone Number: \_\_\_\_\_

Caregiver's Email Address: \_\_\_\_\_

Caregiver's care giving position for which he/she is nominated:

\_\_\_\_\_  
\_\_\_\_\_

Is the Caregiver Paid or Unpaid for the care of the Patient/s? Check one:  Paid  Unpaid

If the Caregiver is paid, please list the Employer's Name:

\_\_\_\_\_  
\_\_\_\_\_

Nominator's relationship to Nominee:

\_\_\_\_\_  
\_\_\_\_\_

### The Story:

This nomination form must be accompanied by your Nominating Story. **The Story**, as little as one page in length, should include the following:

1. Discuss how the caregiver gives extraordinary care and describe the passion he/she exudes.
2. Discuss how the caregiver shows the main three characteristics that Karen exemplified:  
**Compassion. Dedication. Trusted Companion.**
3. Discuss one additional characteristic, from the following list, that best describes your nominee.  
**Joyful. Encouraging. Comforting. Positive. Confidence. Motivator. Passionate. Kind. Giving. Gentle. Loving. Faith. Trust. Empathy.**
4. Provide supporting stories from others who admire this Caregiver. While this step is not required, it is welcomed and encouraged.

### THE AWARD: YOUR WISH FOR THE NOMINEE

Because most Caregivers seem to focus on others and little on themselves, it was Karen's wish to have the Award provide something special and meaningful to the winners. Therefore, in addition to their plaque and honorary luncheon, the winner in each category will be the recipient of a gift (the value of which shall not exceed \$1,000) that you, the Nominator, wishes for them. This wish should be something the Nominator believes the caregiver would love to have or do. **The wish shall remain a secret and will be revealed to the recipient at the Award Ceremony.** If a "team of caregivers" wins in any category, the \$1,000 award will be divided equally or the gift would be given to the group. The wish could be a trip, a spa package, furniture, appliance, a donation to a charity, an experience or a shopping

experience ....whatever the Nominator believes would make the caregiver happy. We would like the nominator to include the "wish" on the application. **The "wish" will not be shared with the panel of judges; therefore, the wish will have no bearing on the final selection. If you cannot think of a wish, it can be decided after the finalists are selected.**

**Your wish for the Nominee:**

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**The Winner and Nominator will be honored at the Award Presentation Luncheon to be held at the Marriott North at Union Centre on September 28, 2018.**

**Nominations:**

- ✓ Additional applications can be found at:  
[www.caringlikeangelsandheroes.com/caring-like-karen](http://www.caringlikeangelsandheroes.com/caring-like-karen)
- ✓ Applications must be received via email or postal mail **by midnight Tuesday, September 4, 2018.**
- ✓ Completed Applications may be emailed to:  
[caringlikekaren@caringlikeangelsandheroes.com](mailto:caringlikekaren@caringlikeangelsandheroes.com)

Mail applications to:      Caring Like Angels & Heroes  
   Attn: Caring Like Karen  
   9078 Union Centre Blvd, Suite 350  
   West Chester, OH 45069

- ✓ All decisions by the judges will be final.
- ✓ Award Recipients and Nominators will be notified via phone and/or email on or before Friday, September 7, 2018.

**Questions:**

If you have additional questions regarding the nomination or selection process, please contact Patti Alderson at [caringlikekaren@caringlikeangelsandheroes.com](mailto:caringlikekaren@caringlikeangelsandheroes.com) or (513-785-0687 Ext 4).

## ***Caring Like Karen Awards***



*compassionate · dedicated · trusted companion*