Senior Action Network 2020 Outstanding Caregiver Recognition Dinner

NOMINATIONS ACCEPTED NOW THRU September 21, 2020

Senior Action Network
will honor
Outstanding Caregivers through the
20th Annual Caregiver Recognition Awards

(there will not be a physical event this year due to COVID-19)

The Senior Action Network is looking for YOUR stories of OUTSTANDING CAREGIVERS.

Do you know an Outstanding Caregiver? SAN is now accepting nominations for individuals in Lewis, Mason and Thurston Counties who are shining examples of what it is to be an Outstanding Caregiver. Please take time to nominate someone who has made a difference in the life of you or someone you know! Persons nominated can be in-home paid providers, family volunteers, or employees of a facility such as an Assisted Living, Nursing Home, Adult Family Home, Adult Day Center, Home Health, etc.

This year, more than ever, we have witnessed the selfless acts of care that frontline caregivers displayed as the coronavirus pandemic broke out in our community and around the world. We think that their dedication to our vulnerable and aging population is something worth celebrating. These caregivers make it possible for individuals to remain safe, while receiving the vital care that is required to keep them in their homes, facilities, apartments, and communities. Every person who finds themselves at this crossroads of needing personal care and assistance as they age or experience health concerns, deserves caregivers who not only provide physical support with activities of daily living, but also provide the emotional support and human connection necessary to enjoy a better quality of life. If you are one of the many people or families who have been positively impacted by a caregiver, can you help us recognize these healthcare heroes? Winners will be selected from the nominees and awarded with dinner gift certificates and store gift cards. We will be surprising these “Outstanding Caregivers” with their honors at the end of October and they will receive a copy of their nomination at that time.

If you know someone who is an OUTSTANDING CAREGIVER, please complete the attached form to have them considered for this award and submit to:

Senior Action Network
P.O. Box 12212
Olympia, WA 98508-2212

Nominations can also be submitted online through our website www.sanolympia.org or sent via email to LStone@advanced-healthcare.com

Deadline for nominations is 5:00pm Monday, September 21, 2020

Senior Action Network 2020 Outstanding Caregiver Nomination

I would like to nominate:

Name: _________________________________________________________________

Place of employment: ____________________________ Phone: ____________________

Nomination Category (please check one)

PAID Caregiver:
Name of Business or Organization: ___________________________________________________

☐ Facility (assisted living, memory care, nursing home, etc.)

☐ Home Care ☐ Adult Family Home ☐ Home Health or Hospice

-OR-

UNPAID / Volunteer Caregiver:
Name of Organization (if applicable): ___________________________________________________

☐ Non Family Member Caregiver ☐ Family Member Caregiver ☐ Youth Caregiver

* * *

Tell us a specific story as an example of why your nominee should be recognized: (attached a separate sheet of paper to this form if necessary)

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________
What 3 words best describe the caregiver you want to nominate?

1. ______________________  2. ______________________  3. ______________________

Nominated by (person filling out this form):

Name: ________________________________________________________________________

Address: _____________________________________________________________________

Phone: ________________  Cell:__________________  Best time to call:__________________