



## IHCA Hall of Fame “Distinguished Resident Award”

IHCA is excited to provide an opportunity for you to recognize and honor an individual residing in your facility that spent much of their life *making a difference* in the lives of others. This award is designed to recognize their personal achievements throughout their life. This is an excellent opportunity to bring public awareness to the long term care community and the individuals being cared for. ***Please note that nominations are only accepted from MEMBER facilities of IHCA who are in Good Standing AND planning to register and attend the 2019 convention.***

### Nomination Procedures

In addition to the application form, include a nomination letter demonstrating the exemplary action(s) of this nominee throughout their life. The nomination letter (*not to exceed 1 page*) should give specific examples of the actions, activities, and behaviors of the individual. For example: explain how this resident made a special contribution to society or has unique notoriety.

Nominations should be sent to us at IHCA using one of the following methods:

Email: [monica@idhca.org](mailto:monica@idhca.org)

Fax: 208-342-6891

Mail: 1524 W. Cayuse Creek Drive, Meridian, ID 83646

The association will acknowledge the receipt (via email) of all nominations.

### **THE DEADLINE FOR SUBMITTING NOMINATIONS IS MAY 31, 2019.**

All nominations must be at the IHCA office by close of business on MAY 31, 2019. The nominator will be notified in mid-June, 2019 if their nominee was selected as the award winner.

### Selection Procedures

The Award Selection Committee will review nominations and select the recipient(s). The Award Selection Committee will consist of members of the Convention/Education Committee, IHCA staff, and a guest committee chair.

### Award

***It is preferable the award recipient be able to attend the awards lunch held on July 11.*** However, if the chosen recipient is unable to attend, IHCA will work with the nominator to recognize this individual both in the community they reside and in the awards lunch.



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"Distinguished Resident Award"

**APPLICATION FORM**

**Check one:**      **Skilled Nursing**      **Assisted Living**      **Intermediate Care Facility**

**NOMINEE INFORMATION**

NAME: \_\_\_\_\_

FACILITY THEY CURRENTLY RESIDE IN: \_\_\_\_\_

WILL THIS INDIVIDUAL BE ABLE TO ATTEND THE AWARDS LUNCH?      Yes      No

**NOMINATED BY**

NAME: \_\_\_\_\_

RELATIONSHIP TO NOMINEE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**CONTACT INFORMATION**

FACILITY: \_\_\_\_\_

PHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

*(MUST include name and signature of nominator for application to be processed)*



Please attach your nomination letter (*not to exceed 1 page*) giving specific examples of the actions, activities and behaviors of the individual. For example: explain how this resident made a special contribution to society or has unique notoriety.

**Return the application and letter no later than MAY 31, 2019 to:**

**Email: [monica@idhca.org](mailto:monica@idhca.org); Fax: 208-342-6891**

**Mail: 1524 W. Cayuse Creek Drive, Meridian, ID 83646**