Georgia Caregiver of the Year Awards
NOMINATION CRITERIA

Nominations will be taken for the following awards of those demonstrating direct service care, compassion and resourcefulness in providing long term home or community based care. To be eligible for the award, a caregiver must be currently providing care, or must have provided care within the past year.

AWARD CATEGORIES:

**Family Caregiver Award**
Nominees accepted:
- Any family member providing assistance to a person with a disability, chronic illness or other condition requiring support and assistance to have a full life in the community.
- A non-relative, but perceived as family, such as neighbor or friend.

**Para-Professional Caregiver Award**
Nominees accepted:
- Licensed Practical Nurse (LPN)
- Therapy aide
- Home Health Aide
- Certified Nursing Assistant (CNA)
- Nurse’s Aide/Patient Care Technician
- Direct Support Caregiver

**Volunteer Caregiver Award**
Nominees Accepted:
- A volunteer that has completed at least one year of service caring for an individual or individuals in a capacity that aids and/or improves their life. i.e. Hospice Volunteer, Church Volunteer, Volunteer with an Association such as Alzheimer’s, Parkinson’s, etc.

OR
- A volunteer who has been involved in an event or situation which has made a real difference in the life of a care receiver or their family.

All nominees in every category must demonstrate one or more of the following characteristics:
- clearly demonstrate empathy and compassion toward those receiving care
- show an ability to relate to and interact with care recipients and other care providers in ways that encourage the growth and development of all
- are skilled in performing their caregiving duties
- possess extensive and current knowledge of the caregiving field, as well as knowledge and effective use of community resources and services
- appreciate diversity and cultural differences

**Deadline**
Please complete the nomination form and submit to your regional CARE-NET by October 1, 2012.
REGIONAL NOMINATION FORM

All nominations must be received by October 1, 2012.

Nominee’s Name____________________________________
Organization (if applicable)____________________________________
Address___________________________________________
Telephone_________________________________________
Email_____________________________________________

**Person Nominating__________________________________
Organization (if applicable)____________________________
Address____________________________________________
Telephone__________________________________________
Email______________________________________________
What is your relationship to the nominee? ________________________________

Award Category (check one)

______Family Caregiver Award
______Para-Professional Caregiver Award
______Volunteer Caregiver Award

*****Please answer the following on a separate sheet (500 words or less)******

Give a brief description of how the nominee meets the criteria for the award.

Please cite three (3) examples of how the nominee has gone “above and beyond the call of duty” in demonstrating direct service care, compassion and resourcefulness in caregiving skills.

Suggestions:

• provide concrete examples of how the nominee demonstrates the criteria given.
• Letters of support by care recipients, their families, or fellow caregivers can be very helpful.

Submit the nomination form and essay by October 1, 2012 to:

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