2019 AHCA Awards Program
Nomination Packet

At its 70th Annual Convention & Expo in Orlando, October 13-16, 2019, AHCA will recognize an honoree of distinction from an ICF/IID facility or HCBS Waiver Home for his/her dedication to improving the quality of life of clients and advancing community understanding of individuals with intellectual or developmental disabilities.

Following are the requirements and nomination forms for the

**INTELLECTUAL DISABILITIES/DEVELOPMENTAL DISABILITIES**

**Hero of the Year Award**
Objective

To honor those people who have shown commitment, dedication, and compassion in serving persons with intellectual and/or developmental disabilities and their families.

Eligibility Criteria

All nominations must meet the following criteria:

Submit nominations by email, with attachment, by June 7, 2019 11:59 p.m. Faxed and hard copy nominations are not accepted.

- Nominees must be from a member ICF/IID, HCBS Waiver Home or other setting, which is in good standing with the state affiliate organization and AHCA at the time of judging.
- Nominee can be a volunteer, family member, member of the community, or staff person who has touched the lives of individuals with intellectual and/or developmental disabilities in a significant way.
- Nominee must have consistently demonstrated the ability to exceed expectations and produce noteworthy results.
- Staff nominees must show significant client contact and accomplishment above and beyond their required duties. Staff includes management personnel.
- All nominee activities must directly contribute to the emotional, social, and mental well-being of clients and foster understanding by the community-at-large.
- Nominations will be accepted from AHCA/NCAL members; AHCA/NCAL staff; AHCA/NCAL state affiliates; and other individuals who work in the long term care field, including direct care, education, research, and resident advocacy.
- A care center/home may only submit one nomination per year.
Selection Criteria

A panel of judges will evaluate the nominations based on the following criteria:

- The nominee’s hands-on involvement in activities that directly impact clients, families, volunteers and the care center or home.
- The breadth and reach of these activities at the center or in the community-at-large.
- The nominee’s overall role or influence in designing or initiating programs for clients and/or the families/guardians of clients.

Recognition of Honoree

To show the ID/DD Hero of the Year honoree how much we, as a profession, appreciate his or her service to clients, families and the profession, AHCA holds the awards presentation during the annual convention. AHCA will invite the ID/DD Hero of the Year honoree and one guest, to participate in convention activities at AHCA’s expense. The 2019 Annual Convention & Expo will take place October 13-16, 2019 in Orlando.

Email the nomination to: Dana Halvorson dhalvorson@ahca.org

**DEADLINE TO RECEIVE NOMINATIONS IS JUNE 7, 2019 11:59 p.m.**
ID/DD Hero of the Year Nomination Form

Section I

Care Center/Home and Nominee Information

Center’s/Home’s Name:______________________________________________________________

Total Number of Beds at the center:__________________________________________________

Center’s/Home’s Address:____________________________________________________________

Center Contact’s Telephone Number:________________________________________________

Center Contact’s Email Address:______________________________________________________

Center’s Designation:

☐ IID/DD, SNF/NF/PAC  ☐ Waiver Home
☐ Other (please identify & explain):

1. Is Nominee a volunteer? (check one)
   Yes ___  No ___

2. Is Nominee on staff? (check one)
   ☐ Yes  Title/Position:
   ☐ No

3. Is Nominee 18 years of age or over? (check one)
   Yes ___  No ___ Current age:

Nominee’s Name:____________________________________________________________________

Nominee’s Address:________________________________________________________________

Nominee’s Telephone Number:______________________________________________________

Nominee’s Email Address:____________________________________________________________
Nominator’s Information

Nominator’s Name:_________________________________________________________

Nominator’s Title:_________________________________________________________

Nominator’s Telephone Number:____________________________________________

Nominator’s Email Address:_______________________________________________

Explain any unique licensing characteristics of the center/home

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Section II

I. Provide the following information about the Nominee and his/her center:

☐ Length of service* at nominating center: _____________ years
  *Must have served at least one continuous year at nominating center

☐ Frequency of service*:
  Nominee serves ____ hours per week; or ____ hours per month
  *If staff, note time above scheduled requirements.

Please answer the following, II through VI.
Use separate sheets if necessary or preferred; repeat the question and use same alpha/numeric format.

II. Describe what types of projects and/or activities the nominee excels at (approximately 50 words):

III. Has the nominee initiated any program(s) at the center? If so, please describe below (approximately 50 words):
IV. Explain how the nominee fosters a greater understanding of persons with ID/DD in the community-at-large (*approximately 50 words*):

V. Describe how the nominee’s work reflects the mission of the center. (*approximately 50 words*):

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**Essay**

VI. In no more than 200 words, explain what makes the nominee special. Use the following prompts as a guide:

- Describe how the nominee helps clients become active members of the center, home and/or community-at-large.
- Describe ways has the nominee educates the external community about the value of persons with intellectual and/or developmental disabilities.