

AWARD RECOGNIZING EXCELLENCE
IN
ADULT DAY SERVICES

CALL FOR NOMINATIONS—2012

The Missouri Adult Day Services Association invites nominations recognizing excellence in the support and delivery of adult day services. The 2011 award will recognize an outstanding and innovative adult day center. Electronic nominations must be submitted by **April 10, 2012**. The winner will be recognized at the Missouri Adult Day Services Association Annual Conference on May 4 and 5, 2012 at Lake Ozark. For conference details contact Ann Bickel at ann@moadsa.org.

GUIDELINES

Selection Criteria

- Nominee makes an exceptional contribution related to services, education or advocacy to improve adult day services.
- The nominating organization, the nominator or the nominee must hold an active membership with MoADSA.
- MoADSA Board Members are not eligible for nomination.

ADULT DAY CENTER AWARD recognizes outstanding and innovative adult day centers. Criteria can include creative programming, personalized or specialized services, exceptional programs and services, and unique or well-established community partnerships. The day center is recognized as a model on which others can learn from as "best practice." *The center should be able to demonstrate exceptional customer loyalty and satisfaction, in addition to positive outcomes in providing long-term care support.*

The winner will receive one free registration for the MoADSA annual conference and will be recognized at the annual conference luncheon and on the MoADSA website. Winners will be asked to submit a photograph for the awards presentation.

To Submit a Nomination

Written nominations **MUST** include:

- Completed Award Nomination Application
- One-page written narrative addressing the following: What and how has this center's actions benefited adult day services and/or their clients? (*you may include support materials*)

E-Mail nominations by April 10, 2012, to:

Ann Bickel
Missouri Adult Day Services Association
Email: ann@moadsa.org
Phone: 573-634-3566

AWARD NOMINATION APPLICATION

Contact Information for the Nominator:

Name _____
Organization _____
Address _____
City/State/Zip _____
Phone _____ Email _____

Contact Information for the Nominee:

Name _____ Job Title _____
Organization _____
Address _____
City/State/Zip _____
Phone _____ Email _____

Indicate if the nominator or nominee is a MoADSA member (check at least one): Nominator Nominee

Length of affiliation with or employment in adult day services

On a separate page in a one-page narrative (or less), describe why the nominee should be recognized for excellence in the support and delivery of adult day services.

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