



2011 THCA AWARDS

Category: *OMBUDSMAN OF THE YEAR*

The **Ombudsman of the Year** will demonstrate a true concern for the resident by working with the facility staff, families and community resources.

The award will be presented during the annual THCA Annual Convention and Trade Show, November 7-10, 2011. The judging panel will consist of the Region Chair Council, who reserves the right not to present this award. Nominee must:

1. have been actively involved as an Ombudsman/Volunteer Ombudsman in the nominating THCA Member facility for at least one (1) year;
2. have letter of recommendation from Administrator of nominating THCA Member facility;
3. be affiliated with a THCA member facility at the time the award is presented;
4. have a recommendation of character, as well as instances showing the nominee as a visible advocate for quality of care in a situation involving a family and/or resident; and

Nomination packet should include:

- Nomination Form (on reverse side of this page);
- Letter of Recommendation from Administrator of nominating facility; and
- Two (2) letters of support from other interested individuals, such as family members, residents and/or volunteers.

NOTE: INCLUDE ONE COPY OF ENTIRE NOMINATION PACKET ALONG WITH THE ORIGINAL.

SUBMIT NOMINATION TO:

(Mailing Address)
**Texas Health Care Association
P. O. Box 4554
Austin, TX 78765**

(Street Address)
**Texas Health Care Association
4214 Medical Parkway, Ste. 300
Austin, TX 78756**

ON OR BEFORE SEPTEMBER 16, 2011

(Over)

Texas Health Care Association
2011 Ombudsman of the Year Award Nomination Form

NAME: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: _____

OCCUPATION: _____ EMPLOYER: _____

DATE CERTIFIED AS OMBUDSMAN/VOLUNTEER OMBUDSMAN: _____

AREA WHERE CERTIFIED: _____

LIST FACILITIES WHERE OMBUDSMAN HAS WORKED/VOLUNTEERED:

<u>Facility</u>	<u>Dates</u>	<u>Name of Administrator</u>

Nomination packet should include:

- Nomination Form;
- Letter of Recommendation from Administrator of nominating facility; and
- Two (2) letters of support from other interested individuals, such as family members, residents and/or volunteers.

Administrator Making Nomination

Nominating Facility

SUBMIT NOMINATION TO:

(Mailing Address)
Texas Health Care Association
P. O. Box 4554
Austin, TX 78765

(Street Address)
Texas Health Care Association
4214 Medical Parkway, Ste. 300
Austin, TX 78756

ON OR BEFORE SEPTEMBER 16, 2011