

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 House of Delegates Meeting at THCA's Annual Convention and Trade Show, September 16-19, 2019 in Grapevine. The judging panel will consist of the Region Chair Council. 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;
- Letter of Recommendation from Administrator of nominating facility; and
- Two (2) letters of support from other interested individuals, such as residents, resident family members, and/or volunteers.

SUBMIT COMPLETE NOMINATION ELECTRONICALLY ON OR

BEFORE AUGUST 9, 2019 TO: THCAawards@txhca.org

NOTE: This is a Writable PDF

Texas Health Care Association 2019 Ombudsman of the Year Award Nomination Form

NAME:			
ADDRESS:		CITY:	ZIP:
PHONE:			
DATE CERTIFIE	ED AS OMBUDSMAN/V	OLUNTEER OMBU	DSMAN:
AREA WHERE	CERTIFIED:		
LIST FACILITIE	S WHERE OMBUDSMA	N HAS WORKED/\	OLUNTEERED:
<u>Facility</u>		<u>Dates</u>	Name of Administrator
Nomination packet	et should include:		
Nomination	on Form;		
➤ Letter of Recommendation from Administrator of nominating facility; and			
> Two (2) le	etters of support from other	r interested individual	s, such as resident,
resident fa	amily members, and/or vol	lunteers.	
		, 	
Administrator Ma	king Nomination	Nominating	Facility

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