

Caregiver Award

Name/Agency: _____

Address: _____

City: _____ State: _____ Zip: _____

If different than above, name of contact person: _____

Please describe specific examples of how the nominee demonstrates the following:

Professional Integrity: Maintaining high standards to benefit clients, co-workers, and the organization and supporting individuals while maintaining professionally appropriate boundaries.

Quality of Care Delivered: Treats clients and client's families with high level of respect. Ensures personal dignity of the client is maintained. Promotes independence and self pride. Is dependable and reliable and trustworthy.

Networking Supports: Advocating to connect consumers with natural support systems.

Creating Innovative, Proactive Approaches to Services: Personalizing services, demonstrating an ability to develop and implement new approaches and sharing successful results.

Eligibility: The primary job of this individual must be providing direct support care.

Complete this form, attach a nomination letter and mail to:

MAMC
P.O. Box 162
Fargo, ND 58107.

Nominations must be postmarked or received by March 30th.

Signature of nominee _____