

Call for Nominations "Elder Caregiver Award"

Since 1995, the Elder Caregiver Award has symbolically honored all Ohioans who lovingly care for family and friends by recognizing outstanding individuals who dedicate their lives to the care of others. More than seven million Americans help older persons live in the community despite limitations on daily activities. Many adults also care for adult sons and daughters with disabilities.

Family members and other informal caregivers are the backbone of our long-term care system. In Ohio alone, they contribute more than 1.1 million hours of unpaid help to others, care valued in excess of \$10.4 billion. Nationally, family caregivers save taxpayers \$257 billion.

This award honors caregivers who have taken on the responsibilities of caring for a friend, loved one or neighbor, while also balancing the needs of work, children or other family members and the community. These individuals are committed to providing their care recipient with a high quality of life, focusing on the recipient's choice and independence and helping him or her to remain engaged with family and in the community.

This award also emphasizes caregivers who recognize their limits, ask for help if they need it and use available resources to help both their care recipient and themselves. By taking care of themselves physically, emotionally and spiritually, and by balancing their own needs with the needs of their care recipient, these caregivers will be able to continue to provide high-quality care for their recipient for a longer time.

Criteria:

1. Caregiver or care recipient must be age 60 or older. Caregiving must not be job-related.
2. Caregiver or care recipient must be a current resident of Ohio.
3. Self-nominations will not be accepted.
4. The nominee, or a representative of the nominee if he or she is unable, must consent to this nomination.

Selection process – All eligible nominees will be evaluated by a selection committee using a formal rating system. To achieve statewide representation, the Ohio Department of Aging will select one Elder Caregiver Award recipient from each of twelve geographic regions of Ohio. Nominees will be evaluated with others in their region. For a map showing these regions, visit www.aging.ohio.gov/resources/areaagenciesonaging/.

Nominations may be submitted online at:
www.aging.ohio.gov/news/nominations/

Or, complete and return the following form to:
Special Events, Ohio Department of Aging
50 W. Broad St./9th Floor, Columbus, OH 43215-3363

Fax: (614) 466-8893

Nominations must be received or postmarked by
Sept. 30, 2011

Questions? Call (614) 728-0253.

Ohio

Elder Caregiver Award Nomination Form

Please TYPE or PRINT LEGIBLY.

Nominee information – Please provide all information requested. Birthdate will be used to determine eligibility only and will be shared with the selection committee, but will not be published or shared with any other party or used for any other purpose without the nominee's consent.

Caregiver's name: _____
Street address: _____ County: _____
City/State/ZIP: _____ Daytime phone: (____) _____
Birthdate (mm/dd/yyyy): _____ E-mail: _____

Care recipient information – Please provide all information requested. If the nominee provides care to more than one person, provide full information for the primary recipient here and list other names in the space provided. Again, birthdate will be used to determine eligibility only and will not be published or shared without consent.

Primary care recipient's name: _____
Street address: _____ County: _____
City/State/ZIP: _____ Daytime phone: (____) _____
Birthdate (mm/dd/yyyy): _____ E-mail: _____
Relationship to Caregiver: _____
How long has care been provided? _____

Are there additional care recipients (optional)? Yes No

Please list the names: _____

Nominator information – Please provide your contact information. If you are nominating on behalf of an organization, please note so. You will be notified if this nominee is or is not selected.

Nominator's name: _____
Street address: _____ Daytime phone: (____) _____
City/State/ZIP: _____ E-mail: _____
Organization (if applicable): _____

By signing below, you attest that you have verified that the information provided on this nomination form and any related attachments is factual and accurate.

Nominator's signature: _____ **Date:** _____

Nominee's consent - The nominee, or a representative if he or she is unable, must grant the Ohio Department of Aging permission to consider this nomination by signing below.

Nominee's signature: _____ **Date:** _____

Please submit this form with the nomination essay (see next page).

Elder Caregiver Award Nomination Essay

Essay – Please attach a *neatly handwritten or typed* essay that explains why you feel the nominee is worthy of the Elder Caregiver Award. Your essay should be no longer than two one-sided, 8½ x 11” pages (approximately 1,000 words) and must be submitted along with the nomination form. Include the following information as applicable:

- **Impact on caregiver and family** – Explain how caregiving duties affect the nominee’s family, both positively and negatively, and describe how the caregiver maintains his or her own life balance. Examples include maintaining proper diet and personal medical care, engaging in social activities, working, worship, community involvement and personal time.
- **Unique or innovative approaches to caregiving** – Describe ways the caregiver “thinks outside the box” to make his or her efforts easier for himself or herself, or more beneficial to the recipient. Examples include technology, home modification, health care classes, modifications to existing equipment and coordinating care among family.
- **Sources and types of care assistance provided by others** – List the sources and types of assistance (e.g., respite services, area agency on aging services, Alzheimer’s Association services, etc.) this nominee uses to support his or her efforts and describe how this assistance helps both the nominee and the recipient. Describe respite services the caregiver receives, including respite given by family members and friends.
- **Special circumstances or barriers** – Explain factors that interfere or could interfere with the provision of care and describe the nominee’s approach to overcoming them. Examples include personal health, family situations, social pressures, financial limitations, etc.
- **Impact of care provided to the recipient and his or her family** – Describe how the caregiver has affected the recipient and his or her family, and what is being done to keep the recipient engaged with family, friends and community. Examples include attending religious services, family events, senior center activities, connecting using a computer via Facebook, etc.
- **Severity of care recipient’s condition and degree of difficulty of care provided** – Without divulging personal medical details, explain how the care recipient’s condition interferes with activities of daily living (e.g., dressing, bathing, grooming, eating, mobility, ability to socialize). Describe the degree to which he or she is dependent on others. Describe difficulties for the nominee to provide care.

**Please submit the essay with a completed and signed nomination form
(see previous page).**



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John R. Kasich, Governor • Bonnie Kantor-Burman, Director