

HCA's 2011 Faces of Home Care Calendar Contest Submission Form



Do you know a dedicated person who supports and/or participates in home care every day?

Would you like to see him or her profiled in the 2011 HCA Faces of Home Care calendar? We at HCA are sure there is a nurse, aide, or client who stands out above the rest, **whose picture tells the story of home care for all New Yorkers**. Please share this person's story so we can highlight him or her in our calendar that will be part of our 2011 advocacy efforts!

In one short paragraph, please tell us about your nominee. All entries must also include a **digital photograph and a quote from or about the candidate**. Send the description along with this completed submission form to HCA by **Friday, August 13th**.

One lucky winner will be selected to appear on the cover of the **2011 Faces of Home Care** calendar and will also receive a **\$500 American Express Gift Check**. Eleven other contestants will have their profiles appear throughout the calendar.

Here are a few ideas of people we think would make a great cover winner:

- Pediatric client
- Home Health Aide
- Group or Staff
- Client using Telehealth
- LTHHCP client
- Veteran client
- HIV client
- Hospice client
- Consumer Directed client
- Post Surgical client
- Nurse
- MLTC client
- Family Members
- Elderly couple client

These are just a few of our ideas. There is no limit to the type of person you enter as long as they send a strong message that home care is vital to supporting the nominees values, mission or health management.

Contest Rules

- All entries must be received by close of business, Friday, August 13, 2010 at the Home Care Association office (194 Washington Avenue, Suite 400, Albany, NY 12210)
- Each entry must include this submission form, a short paragraph about the candidate, a quote from or about the candidate and an electronic digital photograph of the entrant.
- Multiple entries of the same candidate will only be considered once.
- Multiple entries from the same agency are permitted.
- If there is more than one person in an entry (i.e. husband/wife, team of staff) any prize will be shared among the entrants.

Submission Form on reverse side....



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Candidate Information (please print)

Name(s): _____

Title: _____
Organization: _____
Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____
Email: _____

Submitted By (please print)

Name(s): _____
Title: _____
Organization: _____
Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____
Email: _____

Don't forget to include:

- Brief paragraph about the candidate
- An electronic digital photo
- A quote

Send By August 13, 2010 to:

HCA/Calendar Contest, 194 Washington Avenue, Suite 400, Albany, NY 12210 ~

Photographs can be emailed to: Lconstable@hcanys.org

*The Home Care Association of New York State (HCA) reserves the right to disqualify any entry whom we deem unacceptable to the interest of the Association or the mission of the contest. Submission of a contest entry constitutes permission to use the entrant's name, city, state, likeness and description in conjunction with **any** promotion in connection with HCA without further notice. Please apply your agency's standard rules for obtaining permission to publish the photograph and alert HCA to any limitations. All submissions, descriptions and photographs become the property of HCA and will not be returned. Winning contestants will be notified by phone at the number included on this form. Other restrictions may apply.*

If you have questions, or for further information, contact
Laura Constable at 518-810-0660 or lconstable@hcanys.org.

