



California ASSOCIATION FOR HEALTH SERVICES AT HOME

Lois C. Lillick Award

HOME CARE AWARDS NOMINEE PROFILE

*This award honors an individual who has made outstanding contributions to the continuing development of local, state, and national home care associations.
Candidates for this award need not be CAHSAH members.*

Please read these instructions carefully. For additional information on CAHSAH's Home Care Awards Program, please see the cover page included with this nomination profile.

Creating a Nomination Profile:

- Please type or print (in Black/Blue ink only).
- Profiles should be no more than one page (front and back) in length. Complete one profile for each candidate you are submitting.
- Please include the nominee's full name, title, organization, address, and telephone number at the top of the profile.
- Please answer all questions fully and completely. Describe how the candidate meets each of the criteria for the award.
- Please list your name, title, organization, address, and telephone number at the bottom of the profile.
- Email your Nominee Profile to mlander@cahsah.org.

If you have questions about the nominations process for CAHSAH awards, please contact Michele Lander at mlander@cahsah.org.

Nominee's Name: _____ Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

1. Please give examples of how this individual has demonstrated vision and leadership for the enhancement of home care.

2. Please describe how this individual has participated in legislative advocacy on behalf of home care.

3. Please describe outstanding contributions this individual has made while serving on home care association committees or related work groups.

4. Please list this individual's history of election to Boards of Directors and Officer positions for home care associations.

5. In what ways has this individual participated in regional home care councils? Please include leadership positions.

6. Please describe how this individual has promoted local, state, and national home care associations.

7. Please provide additional information to support the nomination of this individual for the Lois C. Lillick Award.

Nomination Profile Completed by: _____ Date: _____

Title: _____ Email: _____

Organization: _____

Address: _____ City: _____ State: _____ Phone: _____