Hamilton Niagara Haldimand Brant **LHIN** | **RLISS** de Hamilton Niagara Haldimand Brant

Quick Tips – How to complete a Heroes in the Home Nomination

To help you complete your online *Heroes in the Home* nomination, you may wish to review the questions beforehand to make sure you have all of the necessary information to include**.**

To be eligible, your Hero must live within the areas of **Hamilton, Burlington, Niagara, Haldimand Norfolk or Brant region** and provide care to someone living in Ontario – see map.

Before you begin, please be sure your nominee knows you are nominating them for an **HNHB LHIN *Heroes in the Home*** award and that you have their permission to go ahead with the nomination. See section 3 of the nomination form for details regarding permission and consent.

PLEASE NOTE: You must fill in all fields in order to submit your nomination.

For more information about **HNHB LHIN's Heroes in the Home Caregiver Recognition program**, please call 905-526-3611 or 1-866-790-4642 extension 3611.

2018-2019 *Heroes in the Home* Caregiver Nomination Form

NOMINATOR:

First and Last Name:
Email Address:
Phone # and/or extension:

How do you know the nominee?

- ☐ Family member
- ☐ Friend/Neighbour
- ☐ LHIN Employee
- ☐ Service Provider Organization
- ☐ Community Support Service Agency
- ☐ Other:

**** I have been given permission from the caregiver to proceed with their nomination, and they have agreed to be nominated. They have provided their consent sharing their personal caregiving story and photograph(s) with the HNHB LHIN and understand these items may be used in any/all publications – written and/or electronic – and may be included in any/all promotional activity carried out by the LHIN as pertaining to the Heroes in the Home Caregiver Recognition program.**

- Yes, I have received consent from the caregiver nominee to proceed with their nomination and have been provided their consent to share their personal story and photograph(s) with the HNHB LHIN.
- Yes, I have received the caregiver's consent to proceed with the nomination and share their personal story. The caregiver does not consent to sharing their photograph(s) with the HNHB LHIN.

Information about the person I am nominating:

Name:
E-mail Address:
Home Address: (include Street and Apt#)
City:
Postal Code:
Telephone Number:

First name of the person the Hero cares for _____

☐ Is this person a family member (mom, dad, son, daughter, aunt/uncle, grandmother/grandfather, cousin, etc) or friend/neighbour?

How long has the caregiver been providing support? Please be specific about the type of care/support they provide.

In 150 words or less, tell us why you are nominating this caregiver as a Hero in the Home. Include personality traits, positive stories and the kind of caregiving tasks they carry out – examples: personal or home support, grocery shopping, meal preparation, cleaning, transportation, assistance with activities of daily living, companionship, emotional support.

In 150 words or less, tell us why this person is special to you. Describe the person they care for and include examples of how the nominee demonstrates care and support, community involvement, and/or care and support provided to other family or friends.

In 50 words or less, describe the nominee's hobbies, volunteer activities, community involvement, favourite pastime, favourite song and/or favourite quote.

Thank you for your nomination!