

I Would Like To Nominate:

Name of Staff Member: _____ Unit: _____ Position: _____

Your Name: _____ Your Address: _____

Are you (please check one) _____ Transitional Care/Adult Day Patient _____ Long Term Care Resident _____ Family Member

If family member, please state relationship to resident/patient & their name: _____

Resident/Patient Room # _____ Phone #: _____

This staff member has the following special qualities:

I/my family member feel extra comfortable in this staff member's care because:

This staff member goes out of their way to provide the following to me/my family member:

I feel my/my loved one's health & well being is enhanced by this staff member because:

This staff member is an asset to the Jewish Home because:

Additional comments regarding nominee and/or resident:
