

# DEPARTMENT OF MENTAL HEALTH

State of Mississippi



## DIVISION OF ALZHEIMER'S DISEASE

1101 Robert E. Lee Building  
239 North Lamar Street  
Jackson, Mississippi 39201  
(601) 359-1288

July 1, 2013

Dear Health Care Professional:

“Shaping the Future”, the 14<sup>th</sup> Annual Conference on Alzheimer’s Disease and Psychiatric Disorders in the Elderly” is scheduled for **August 14-16, 2013** at the **MSU Riley Center in Meridian, MS**. In effort to best acknowledge expertise and talent across the state, the conference planning committee has established three awards to be given during the conference Awards Breakfast on Friday, August 16, 2013. We are currently seeking nominations for the **Direct Care Worker of the Year, Volunteer of the Year and the Dorris Award for Caregiving**. Nomination applications are enclosed.

All three awards are designed to acknowledge the accomplishments and dedication of individuals who serve as professional caregivers, volunteers, or unpaid caregivers (family, friends, etc.). Awards will be given to someone who demonstrates commitment, compassion, competence, and leadership in the field of dementia care. To nominate someone for this award, please complete the nomination form and submit at **least two letters of support**. All submissions should be returned to the Division of Alzheimer’s by **August 1, 2013**. **LATE SUBMISSIONS WILL NOT BE ACCEPTED**.

Please return nominations to:            Division of Alzheimer’s  
Attn: Kathy Van Cleave, Conference Chair  
1101 Robert E. Lee Building  
239 North Lamar St.  
Jackson, MS 39201

Nominations may be e-mailed to [kathy.vancleave@dmh.state.ms.us](mailto:kathy.vancleave@dmh.state.ms.us) . Put “Award Nomination” in the subject line. Nominations may also be **faxed to 601.867.5289**

Thank you for your continued support of Alzheimer’s and dementia care. We look forward to hearing from you.

Sincerely,

A handwritten signature in black ink that reads "Kathy Van Cleave".



Kathy Van Cleave, LMSW, LCMHT  
Director, Division of Alzheimer’s Disease  
Mississippi Department of Mental Health

**The 14<sup>th</sup> Annual Conference on Alzheimer's Disease & Psychiatric Disorders in the Elderly**



**Direct Care Worker of the Year**

**Criteria:** The Direct Care Worker of the Year Award is designed to acknowledge the accomplishments and dedication of individuals who serve as professional caregivers. This award is given to someone who demonstrates commitment, compassion, competence, and leadership in the field of dementia care.

**Nomination:** To nominate someone for this award, complete the information below. Please submit at least **two letters** of support per nominee. All submissions should be returned to the Division of Alzheimer's by **August 1, 2013**. **LATE SUBMISSIONS WILL NOT BE ACCEPTED.**

*Please Type or Print Clearly*

Nominee: \_\_\_\_\_ Employer: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Length of time at current employment: \_\_\_\_\_

Total amount of service in Alzheimer's/ Dementia field: \_\_\_\_\_

Person submitting nomination: \_\_\_\_\_

Relationship to nominee: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

*Please continue on reverse side  
This form may be photocopied. 2013 DCW Nominee*

In 100 words or less, please express why you believe this individual should receive this award. Please address the following qualities:

***Example of Commitment:*** \_\_\_\_\_  
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***Example of Compassion:*** \_\_\_\_\_  
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***Example of Leadership:*** \_\_\_\_\_  
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# The 14<sup>th</sup> Annual Conference on Alzheimer's Disease & Psychiatric Disorders in the Elderly



## Volunteer of the Year

**Criteria:** The Volunteer of the Year Award is designed to acknowledge the accomplishments and dedication of individuals who serve as volunteers in the field of Alzheimer's and Dementia care. This award is given to someone who demonstrates commitment, compassion, competence, and leadership in the field of dementia care.

**Nomination:** To nominate someone for this award, complete the information below. Please submit at least **two letters** of support per nominee. All submissions should be returned to the Division of Alzheimer's by **August 1, 2013**. **LATE SUBMISSIONS WILL NOT BE ACCEPTED.**

*Please Type or Print Clearly*

Nominee: \_\_\_\_\_

Organization Current Volunteering for: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Length of time at current organization: \_\_\_\_\_

Total amount of previous service in Alzheimer's/ Dementia field: \_\_\_\_\_

Person submitting nomination: \_\_\_\_\_

Relationship to nominee: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

*Please continue on reverse side  
This form may be photocopied. 2013 Volunteer Nominee*

In 100 words or less, please express why you believe this individual should receive this award. Please address the following qualities:

***Example of Commitment:*** \_\_\_\_\_  
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***Example of Compassion:*** \_\_\_\_\_  
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***Example of Competence:*** \_\_\_\_\_  
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***Example of Leadership:*** \_\_\_\_\_  
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# The 14<sup>th</sup> Annual Conference on Alzheimer's Disease & Psychiatric Disorders in the Elderly



## Dorris Award for Caregiving

**Criteria:** The Dorris Award for Caregiving is designed to acknowledge the accomplishments and dedication of individuals who serve as unpaid caregivers (family, friends, etc.). This award is given to someone who demonstrates commitment, compassion, competence, and leadership in dementia care.

**Nomination:** To nominate someone for this award, complete the information below. Please submit at least **two letters** of support per nominee. All submissions should be returned to the Division of Alzheimer's by **August 1, 2013**. **LATE SUBMISSIONS WILL NOT BE ACCEPTED.**

*Please Type or Print Clearly*

Nominee: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Total amount of service in Alzheimer's/ Dementia field: \_\_\_\_\_

Person submitting nomination: \_\_\_\_\_

Relationship to nominee: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

*Please continue on reverse side  
This form may be photocopied. 2013 Caregiver Nominee*

In 100 words or less, please express why you believe this individual should receive this award. Please address the following qualities:

***Example of Commitment:*** \_\_\_\_\_  
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***Example of Compassion:*** \_\_\_\_\_  
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***Example of Competence:*** \_\_\_\_\_  
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***Example of Leadership:*** \_\_\_\_\_  
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