

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

April 1, 2014

Dear Health Care Professional:

"Make Every Day Count", the 15th Annual Conference on Alzheimer's Disease and Psychiatric Disorders in Older Adults" is scheduled for **August 20-22, 2014** 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 22, 2014. 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 in each category 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, 2014**. **LATE SUBMISSIONS WILL NOT BE ACCEPTED**.

Please return nominations to: Division of Alzheimer's & Other Dementia
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. 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 cursive script that reads "Kathy Van Cleave".

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

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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, 2014**. **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. 2014 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: _____

Example of Compassion: _____

Example of Competence: _____

Example of Leadership: _____

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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, 2014**. **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. 2014 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: _____

Example of Compassion: _____

Example of Competence: _____

Example of Leadership: _____

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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, 2014**. **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. 2014 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: _____

Example of Compassion: _____

Example of Competence: _____

Example of Leadership: _____

