

HOME HEALTH AIDE RECOGNITION DAY 2010

# Home Health Aides...

## *Brightening Lives One Client at a Time*

*We invite you to join us*

to honor New Jersey's Certified Home Health Aides,  
who are true professionals delivering high quality  
home care, hospice and assisted living services  
to people of all ages every day.

**November 4, 2010**

**8:00am-3:00pm**

**Robert B. Meyner Reception Center**

PNC Bank Arts Center

Holmdel, NJ

### Participating Organizations



Directions available at: <http://www.homecarenj.org/public/docs/Directions.pdf>

**HOME HEALTH AIDE RECOGNITION DAY 2010**

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**Registration Form**

Organization \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Award Recipients:** Please list the names of all home health aides you would like to honor along with their corresponding level of recognition. You may only select one Rookie of the Year and one Home Health Aide of the Year per organization location. You may select multiple recipients for each "Years of Service" category.

Name of Honoree	Rookie of the Year*	CHHA of the Year**	YEARS OF SERVICE					
			<i>Must have completed number of years in selected category</i>					
			5 years	10 years	15 years	20 years	25 years	30+ years

\* **Rookie of the Year** is awarded to an individual who has been a Certified Home Health Aide for less than two years but has already exhibited excellence and growth in the role.

\*\* **Home Health Aide of the Year** is awarded to the Certified Home Health Aide who has demonstrated excellence, leadership and compassion throughout their career.

**Please list any staff members who will be attending but who WILL NOT BE HONORED:**

_____	_____
_____	_____
_____	_____

***Please note: Early arrival is encouraged as we cannot reserve seating by organization.***

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Payment Form

Organization: \_\_\_\_\_

**Association Member** *(Please check all that apply)*

**\$85.00 / per person**

- Health Care Association of NJ (HCANJ)
- Home Care Association of NJ (HOMECARENJ)
- Home Care Council (HCCNJ)
- Home Health Services and Staffing Association of NJ (HHSSANJ)
- New Jersey Association of Homes and Services for the Aging (NJAHSA)
- New Jersey Hospice and Palliative Care Organization (NJHPCO)
- New Jersey Hospital Association (NJHA)

**Non- Member**

**\$125.00 / per person**

**Total # of People Attending** \_\_\_\_\_

**Total Amount Due \$** \_\_\_\_\_

**PAYMENT**

**Check:**

Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_  
*(payable to Home Care Association of NJ)*

**Credit Card:**

Visa       MasterCard       American Express      Amount \$ \_\_\_\_\_

Credit Card # \_\_\_\_\_      CCV# \_\_\_\_\_      Expiration Date \_\_\_\_\_

Name on Card \_\_\_\_\_      Signature \_\_\_\_\_

Address on Card \_\_\_\_\_

Cancellations received on or before October 11, 2010 will be subject to a 25% administrative fee. There will be no refunds after October 11, 2010. Substitutions will be permitted but advance notice is preferred. Substitutions are not guaranteed inclusion in the program booklet. If you require special accommodations or dietary needs please call (732) 877-1100 or email [donna@homecarenj.org](mailto:donna@homecarenj.org)

**Please mail registration form and payment to: Home Care Association of NJ  
485D Route 1 South, Suite 210, Iselin, NJ 08830 or fax to (732) 877-1101**

HOME HEALTH AIDE RECOGNITION DAY 2010

**Home Health Aides... *Brightening Lives One Client at a Time***  
**Contributions**

One highlight of our luncheon is the gift raffle for the Home Health Aides being honored. Please help us to make this year's program special by contributing towards one of the many gifts.

Please select a gift category and the amount you wish to contribute. Organizations that make a contribution will be recognized in the program book.

**Organization** \_\_\_\_\_

**Contact Person** \_\_\_\_\_

**PAYMENT**

*Checks should be made payable to Home Care Association of NJ*

**Check Number** \_\_\_\_\_

**Contribution Amount \$**\_\_\_\_\_

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**Please use my contribution towards the following gift:**

**Gift Card:**

Will be used to purchase a gift card for a retail store, restaurant, movie theater or cash gift card.

**Gift Basket:**

Will be used to purchase a themed gift basket. For example: Stress Relief (soap, lotion, body spray, candles, etc.) or Goodies (cookies, candy, teas, etc.)

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**Tributes**

We offer you the opportunity to ask your staff, clients, and their families to write a short tribute to Certified Home Health Aides. Tributes will be included in the keepsake book that will be distributed to all attendees at the Home Health Aide Recognition Day celebration. The tributes should be to Home Health Aides in general and **not written to any specific person.**

**This year's theme is:**

**Home Health Aides... *Brightening Lives One Client at a Time***

**Submitted By:**     Client/ Client's Family                       Staff Member

Name \_\_\_\_\_

Organization \_\_\_\_\_

**Please return form to:**

Donna Weiss, Home Care Association of NJ, 485D Route 1 South, Suite 210, Iselin, NJ 08830  
or fax to (732) 877-1101. Forms may also be emailed to [donna@homecarenj.org](mailto:donna@homecarenj.org)

***Forms should be received no later than October 11, 2010 for inclusion in the program book.***

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**Home Health Aide Day Survey (OPTIONAL)**

**ORGANIZATION:** Please copy this form and distribute one to each Aide that you will be honoring at this year's Home Health Aide Recognition Day on November 4, 2010. All surveys may be submitted electronically to [donna@homecarenj.org](mailto:donna@homecarenj.org) or mailed to: Donna Weiss, Home Care Association of NJ, 485D Route 1 South, Suite 210, Iselin, NJ 08830. You may also fax to (732) 877-1101.

**PLEASE RETURN ALL FORMS NO LATER THAN OCTOBER 11, 2010**

**HOME HEALTH AIDES:** The Home Care Association of NJ is interested in knowing why you chose to become, and continue to work as a Certified Home Health Aide. Please answer the following two questions. Your quotes may be used in the program book for Home Health Aide Recognition Day.

**Home Health Aide's Name** \_\_\_\_\_

**Organization** \_\_\_\_\_

**Contact Person** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**What do you find most rewarding about being a successful Home Health Aide?**

**What do you feel is the most important component of your job?**