



**Pennsylvania's Direct Care Worker of the Year Program  
2017 Nomination Form**

**Please complete the information in the spaces provided below and click the EMAIL FORM button above or on page 3 to submit this nomination form via email to [RA-PAagingServices@pa.gov](mailto:RA-PAagingServices@pa.gov) no later than 4:30 p.m. on Friday, March 3<sup>rd</sup> 2017.**

**Biographical Information:**

Name of Nominee:

Years of Employment with Agency: Please round the years up or down, where applicable and select the appropriate box. For example, if someone has 3 ½ years of service, round up to 4 and check the 4-6 years box. If someone has 3 years and 2 months of service, round down to 3 and check the 1-3 years box.

- 1- 3 Years
- 4 - 6 Years
- 7 - 9 Years
- 10 Years or more

Agency Name

Agency Contact Person:

Email:

Agency Address:

Agency Phone Number

Name of Person Nominating DCW:

Email:

Address:

Phone Number

## Nomination Information:

Describe how the nominee excels in the following seven areas:

Demonstrates **respect and compassion** for consumers/clients and families.

Demonstrates **reliability** and work ethic.

Possesses excellent observation skills and knowledge of **patient care and competency**.

Demonstrates the **motivation** to learn and improve skills.

Is frequently **recognized or praised** for his/her efforts that positively impact the quality of their clients' lives.

Serves as a **role model** and demonstrates teamwork and willingness to help other DCWs and staff.

Is **passionate** about providing extraordinary care to their clients in ways that exceed expectations.