

**CALA RESIDENT ACCOMPLISHMENT AWARD  
NOMINATION FORM**

Name of Community: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Title: \_\_\_\_\_  
E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name of Resident: \_\_\_\_\_

**Please respond to both questions. Please feel free to provide a typewritten nomination if possible and attach it to this form.**

1. Briefly describe the nominee generally – what personal experiences has the resident nominee had while residing in your senior living community that are exceptional or unique?

2. Please describe *1-3 specific examples* where the resident nominee has thrived or had a new life experience in your setting.

**Deadline: Please fax this nomination to CALA at (860) 434-5790 or e-mail to [ssullo@ctassistedliving.com](mailto:ssullo@ctassistedliving.com) by March 30, 2016.**

Please nominate one resident per community.