

CHRONIC ILLNESS COALITION

APPLICATION FORM FOR CAREGIVER AWARD OF COURAGE

Courage – The quality of facing and overcoming dangerous or difficult circumstances with resolve, perseverance and selflessness; to face adversity with resolution and fortitude in spite of all opposing forces.

The Caregiver Award of Courage will be awarded to the caregiver of an individual afflicted with a chronic illness who most exemplifies the criteria below. The CIC will select a nominating committee to evaluate all applications and use a 0-4 point system to determine the awardee. Only members in good standing with the CIC can make nominations. Monetary awards and plaques will be presented during the Chronic Illness Coalition’s breakfast meeting in January 2010.

Caregiver Award of Courage Criteria

The Caregiver Award of Courage Recipient has:

- a) cared for a person(s) with a chronic illness over at least a five year period
- b) performed selfless acts of devoted service
- c) demonstrated going beyond the call of duty in their care-giving service
- d) shown a commitment to maximize the independence and quality of life for the individual for whom they have cared

Please describe how your nominee meets the above criteria on a separate sheet and attach to this form. You also need to provide signed testimonials that provide direct evidence of the nominee’s story and accomplishments. Return completed application to address or fax number below. Nomination forms are also available on the CIC website.

Chronic Illness Coalition Phone: 800.905.8862
C/O Dr. Sue Hasenau Fax: 734.525.4864
34437 Cowan www.cicmich.org
Westland, MI 48185

Nominator/Person completing this form _____
Address _____
Phone: Home _____ Cell _____ Work/other _____

Nominee/Person being nominated _____
Address _____
Phone: Home _____ Cell _____ Work/other _____

Chronic disabling illness/es or condition of person cared for _____

Number of years since onset of illness/es or conditions _____
Number of years as a Cargiver _____