



2026 Home Health Aide Heroes Award Nomination Form

Home health aides and paid caregivers play a critical role in helping older adults live independently in their homes and communities. Annually, Council on Aging (COA), honors local home health aides and paid caregivers through our Home Health Aide Hero Awards. We invite you to nominate a home health aide or paid caregiver for COA's 2026 Home Health Aide Hero Awards. By recognizing these hardworking individuals, we aim to show our appreciation for their tireless efforts in helping older adults remain independent in their homes. Two winners will be selected and honored at Council on Aging's 2026 Annual Meeting and Awards Celebration, May 15, 2026 at the Cooper Creek Event Center in Blue Ash. Winners will receive an award and a \$250 check. Nominations will be accepted until March 15, 2026.

Check the option below which best describes the role of the person completing the form:

- ☐ I represent a Council on Aging service provider
- ☐ I am a care manager in a program administered by Council on Aging
- ☐ I am an older adult who receives care from a home health aide or paid caregiver
- ☐ I am a family member or friend of an older adult who receives care from a home health aide or paid caregiver

Please review the following list of characteristics and select all that apply to the person you are nominating. Later in this nomination form, you'll be asked to write a detailed description of why this individual deserves to receive the Home Health Aide Hero Award. To help us select our winners, please provide more information in your detailed description about how your nominee exemplifies these characteristics.

- | | |
|--|--|
| <input type="checkbox"/> punctual | <input type="checkbox"/> professional |
| <input type="checkbox"/> caring | <input type="checkbox"/> empathy |
| <input type="checkbox"/> goes out of the way to ensure needs are met | <input type="checkbox"/> patience |
| <input type="checkbox"/> attention to detail | <input type="checkbox"/> good communication skills |
| <input type="checkbox"/> adaptability | <input type="checkbox"/> compassion |
| <input type="checkbox"/> time management | <input type="checkbox"/> other: _____ |

Please select the option which best describes the person you are nominating:

- ☐ The person I am nominating works for a home health agency
- ☐ The person I am nominating was hired via the AddnAide app
- ☐ The person I am nominating is a Consumer Directed Care or Self-Directed Care worker (not in AddnAide)

The home health aide I am nominating works for the following home health agency:

Nominee Information:

Full name: _____

Job title: _____

Email address: _____

Phone number: _____

Complete address (include street address, city, state and zip code):

Please attach a **detailed description** of why this nominee deserves to receive the Home Health Aide Hero Award. Please provide **specific examples** of how and when the nominee has gone above and beyond in providing care to their client(s). If there are additional supporting materials you would like to provide as part of this nomination, please email them to aleonhardt@help4seniors.org. Examples of supporting documentation may include: letters of appreciation from clients/family members, client/family member testimonials, survey scores, etc.

Your Information:

Full name: _____

Company name (if applicable): _____

Title (if applicable): _____

Phone number: _____

Email address: _____

Nomination Deadline: March 15, 2026.

Return your complete nomination, along with any supporting materials, to Amy Leonhardt:

By email:

aleonhardt@help4seniors.org

By mail:

Council on Aging
ATTN: Amy Leonhardt
4601 Malsbary Road
Blue Ash, OH 45242