



NOMINATION FORM

Hero/Resident Home: _____ Your Name: _____
Hero's Employer: _____ Your Email: _____
Job Location: _____ Your Position: _____
Hero's Position: _____ Your Phone Number: _____

Addressee: _____ Street Address: _____

City, State and Zip Code: _____

Choice of Gift: Groceries or Amazon "Wish List" Item (\$50 limit) _____

Specific Grocery/Amazon Items Wanted _____

Costco or Name of Grocery Store _____

In what capacity to you know your hero/heroes? _____

Harmony Heroes looks for extraordinary individuals that care for the special needs population. How has your hero or team of heroes displayed services that you would consider beyond the norm? Tell us your hero's/heroes' story giving specific examples.

Eligible Individuals

- *Mangers of homes/day programs, etc
- *Support Mangers
- *LPNs and Nurses
- *Behavioral Specialist
- *Direct Support Staff
- *Office Personnel

Who May Nominate

- *Parents of, friends of and individuals being served
- *House Mangers
- *Managers of Day Programs
- *Support Managers
- *Management team