

VIRGINIA HEALTH CARE ASSOCIATION
VIRGINIA CENTER FOR ASSISTED LIVING

FACES & STORIES

in Virginia's Long Term Care Centers

2019 Nomination Forms



VIRGINIA HEALTH CARE ASSOCIATION
VIRGINIA CENTER FOR ASSISTED LIVING

VIRGINIA HEALTH CARE ASSOCIATION VIRGINIA CENTER FOR ASSISTED LIVING

Dear VHCA-VCAL Member:

Today we all know that storytelling and images drive public perception. Our annual *Faces & Stories in Virginia's Long Term Care Centers* Calendar is a great way for us to showcase images of residents receiving quality and loving care at your centers.

Please help us by submitting a photo and a story for our 2019 calendar. We will select up to 24 residents to portray in the coming year, on our website, and on social media. Nominations must be received by November 1, 2019.

We know that sharing these stories will have a positive impact on the public, our communities, and with policymakers. Seeing the compassionate, quality care provided by your staff helps to enhance the overall image of the long term care profession.

Information on how to submit your photos and stories is included in this brochure. Please note that to comply with HIPPA requirements, we will need a signed Image Release Form for each individual captured in a photo.

We look forward to seeing the photos of your residents and reading their stories.

Sincerely,

Keith Hare

A handwritten signature in cursive script that reads "Keith Hare".

Keith Hare
President and CEO
Virginia Health Care Association
Virginia Center for Assisted Living

FACES & STORIES

in Virginia's Long Term Care Centers

While your picture tells a thousand stories, we could still use yours. In a 150 words or less, tell us about what's happening in the photo or share what's unique about the individual pictured.

Here are some questions to help you write your story:

- What's the most remarkable thing you would share about this individual's life story? (e.g., special honor, professional achievement, unique life experience, etc.)
- What successes has the individual had in therapy?
- What challenges has the individual overcome in his/her life?
- How does the individual make a unique contribution to your center?

The best entries will showcase some aspect of daily life in long term care. Examples may include resident and staff interactions, activities, therapy, support services, and events.

Each VHCA-VCAL member may nominate only one resident for the 2019 *Faces & Stories* initiative. **All nominations must be received by November 1, 2019.**

Please be sure to have each person in your photo sign the VHCA-VCAL Image Release Form. To protect individual's privacy, we cannot use any images without explicit permission by those pictured. Even if your center has your own image release policy that the individuals involved have agreed to, they still must also sign the VHCA-VCAL Image Release Form. Please scan the signed copy of each form and include it with your submission.

Information for submitting your nomination

- You can submit your nomination using our online form at www.vhca.org. You will be able to upload your photo files and other information.
- You may email your nomination in Word (or other editable format) along with your photo to kathy.robertson@vhca.org.
- Be sure to have the resident or responsible party sign the Nomination Form **and** the Image Release Form.
- Remember that original photos reproduce best in printed publications. Please submit high resolution image files (minimum of 1200 pixels wide). When emailing the image file, do not select the setting that compresses the image for purposes of sending the message.

PREVIOUS HONOREES



FACES & STORIES

in Virginia's Long Term Care Centers

NOMINATION FORM

This information will be used in the calendar, on social media, etc., so please verify all information to the best of your ability and have the nominee complete the VHCA-VCAL Image Release Form included on the back of this form.

Resident's full name (Mr., Mrs., Ms.) _____

Age _____ City & State where the nominee grew up _____

Date of admission into facility _____

Name and relation of closest family member _____

Telephone number of closest family member _____

Address of resident's closest family member _____

Facility Name _____

Facility Address _____

Nominator's Name & Job Title _____

How to Submit Your Nomination:

Nomination information must be received by VHCA-VCAL BY NOVEMBER 1. Please email photograph(s) to kathy.robertson@vhca.org or submit online at www.vhca.org.

Kathy Robertson
VHCA-VCAL
2112 West Laburnum Avenue, Suite 206 | Richmond, VA 23227

Questions? Contact Kathy Robertson at kathy.robertson@vhca.org or at 804.212.1700.

IMAGE RELEASE FORM

Release and Authorization to Photograph, Videotape or Otherwise Record

I, the undersigned, hereby consent to have my name, image, voice, likeness, biographical information, and statements (collectively, my "Likeness") captured, photographed, videotaped and/or otherwise recorded by the Virginia Health Care Association-Virginia Center for Assisted Living, its successors, assigns, licensees, agents, and legal representatives ("VHCA-VCAL"). I grant to VHCA-VCAL the right to use my Likeness for any purpose, commercial or non-commercial, as it may see fit, including without limitation the right to publish, promote, distribute, modify, edit, adapt, and make derivative works from any photographs, videotapes, and other recordings that feature or include my Likeness (collectively, the "Materials"). This grant of permission is made on a royalty-free, perpetual, irrevocable, non-exclusive basis, and will apply in any media now known or later invented, with or without attribution to me, and with the express understanding that I will not be given a right of approval or advance notice of any particular use of the Materials and/or my Likeness.

I agree that all Materials are the sole property of VHCA-VCAL, and that VHCA-VCAL may copyright any aspect of the Materials. If I should receive any print, negative, or other copy of the Materials, I will not authorize its use by anyone else. I understand that no Materials will be submitted to me for approval, that I will receive no compensation or other consideration for the granting of this permission or of the use of the interview, and that VHCA-VCAL shall be without liability to me for any ill effect resulting from the publication of my Likeness.

To the extent that I make any statement or endorsement about the goods and services offered by VHCA-VCAL, I affirm that my statements reflect my true and accurate beliefs based on my use of and experience with those products and services. I further release VHCA-VCAL from any and all claims for damages for libel, slander, invasion of the right of privacy or any other claim based on the use of my Likeness that is consistent with this Release.

I hereby warrant that I am eighteen years of age or older (or that this release has been signed by my parent/legal guardian), am fully competent to execute this Release, have read this document before signing below, and fully understand its contents, meaning, and impact. In addition, I warrant that my execution of this Release, and VHCA-VCAL's use of the Materials and/or my Likeness, will not conflict with any other agreement to which I am bound.

Signature

Birth Date

Print Name

Date

If under the age of 18, or if not competent, please have the following completed by the individual's parent/legal guardian or authorized representative

I, _____, the parent/legal guardian/authorized representative of the person designated above, approve and consent to the execution of the foregoing release and waive all rights which I may have in connection therewith. I will not revoke my consent and I guarantee performance of the foregoing release.

Signature

Date

Print Name