**National Skilled Nursing Care Week (NSNCW) or**

**Assisted Living Week Program (NALW)**

This category is for programs specifically designed and implemented for NSNCW or NALW.

Instructions for Submission

* Save and print an electronic copy of this completed submission form and include with your scrapbooks, loose leaf binders, or photo album entries (please limit to 24 pages front and back).

Facility Name Click here to enter text.

Facility Address Click here to enter text.

Telephone Click here to enter text.

Email Click here to enter text.

Submitted By Click here to enter text.

Job Title Click here to enter text.

1. Please provide an overview of NSNCW/NALW activities with specific details on:

* Why and how these activities were selected?  
    
  Click here to enter text.
* Who was involved in the planning and implementing phases of the activities?  
    
  Click here to enter text.
* How was the theme showcased in each activity?

Click here to enter text.

2. What were the goals and objectives of the activities and were they achieved?

Click here to enter text.

1. Describe the reactions and involvement of the residents, their families, the staff, and any community with the activities.

Click here to enter text.

Deadline for submission forms and related materials is **June 27, 2025** to:

Doran Hutchinson

Vice President of Member Services and Education

VHCA-VCAL

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