



# Assister of the Year Nomination Form

Please complete a form for each nominee

Deadline is February 12, 2018

## NOMINATOR INFORMATION

NAME:  ORGANIZATION:

STREET:  CITY:  STATE:  ZIP:

PHONE:  EMAIL:

CCHI Region:

## NOMINEE INFORMATION

NAME:  ORGANIZATION:

STREET:  CITY:  STATE:  ZIP:

PHONE:  EMAIL:

NARRATIVE: How has this person helped to improve the health and well-being of children and families in California? Attach additional pages if necessary

Number of years as an assister?

Approximate number of clients/families served?

Experienced in the following programs:    Medi-Cal    Covered California    Local Programs    Kaiser  
Community Program    Private Insurance    Other Programs