2017 Free Clinic of the Year Award Criteria

Free Clinic Nomination Form

**Who should be nominated? Who is judging and what will be the criteria?**

The Free Clinic of the Year is a clinic that has gone beyond the call of duty for its community within the last year. We will honor one Free Clinic at the 2017 Free Clinic Appreciation Month Kick-Off. The panel of judges will consist of members of the OAFC Board and Staff, as well as individuals from the Ohio Department of Health. Each question’s possible point value is indicated in parentheses after the question.

**If I nominated a clinic last year, should I nominate them again?**

Yes! Please continue to nominate the clinic that is invaluable to your community!

**Can I nominate a clinic even if I work there?**

Yes! We encourage employees to nominate their clinic!

**Can multiple people nominate the same clinic?**

No, we would like to only have one application per clinic. However, if more than one person/nominator wants to contribute, please attach letters of support for the nominee from those additional people. Please send the application and letters of support as one, complete package.

**When are applications due?**

Applications are due October 13th, 2017 @ 5pm and must be submitted to Katie either by email to kkisseberth@ohiofreeclinics.org; by fax to 614-914-6520; or by mail to the OAFC main office (35 N. 4th St, Suite 350 Columbus, OH 43215).

**What are the requirements to apply?**

Two requirements: **1)** Complete and submit the application form and **2)** A representative from the clinic must be available to attend the Free Clinic Appreciation Month Celebration on November 29th in Columbus.

**What does the winner receive?**

The Free Clinic of the Year winner will receive state-wide recognition for their extraordinary efforts and a plaque for their achievement.

**Why was this award created?**

As designated in House Bill 320, of the 130th General Assembly of the Ohio House, December is Free Clinic Appreciation Month in Ohio. As part of its promotion activities, ODH must select a

free clinic to be named "free clinic of the year" and a physician, nurse, and dentist to be

named "free clinic volunteer of the year" in each of the respective professions. This award was created because volunteers of Ohio’s free clinics are the backbone to the clinics service to their community. Without them, many of our clinics would not exist or be successful in their service. The volunteers donate their time, energy, and efforts to ensure free clinics operate smoothly. For all these reasons and numerous others, they deserve our appreciation and gratitude.

Clinic Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Ohio Association of Free Clinics &**

**Ohio Department of Health**

Free Clinic of the Year Nomination

Clinic Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinic Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinic Contact Person Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nominator’s Name and Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to the Nominee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nominator’s Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The ceremony will be November 29th in Columbus. Will a representative be able to attend? € Yes € No

**PLEASE PROVIDE AS MUCH DETAIL AS POSSIBLE**

**How long has the free clinic existed and what areas do you serve?**

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**How did the Free Clinic perform on the OAFC Quality Care Standards?**

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**How many people are affected by the free clinic’s service; and what amount of time is the free clinic open to patients (hours per week/month)? (5 Points)**

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**What unique services sets this free clinic apart from other clinics? (5 Points)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What partnerships has the clinic formed and how have they bettered the community? (5 Points)**

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**Please give us a story or specific example of a time the free clinic went above and beyond for a patient. (5 Points)**

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