

CARING HEART AWARD

NOMINATION FORM

This award is to honor a Health First Colorado (Colorado's Medicaid program) member. They are:

- Loyal to their community.
- An advocate for:
 - The health care system.
 - Health First Colorado members.

About the nominee:

Name: _____

Phone number: _____ Email: _____

About you:

Name: _____

Organization or relationship to nominee: _____

Phone number: _____ Email: _____

Tell us more about the nominee and the impacts they have had on their communities:

Fill out this whole form. Email it to mac.memberaward@coaccess.com by January 31, 2024.