

# 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](mailto:mac.memberaward@coaccess.com) by May 15, 2024.**