



***Missouri Alliance for HOME CARE***

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# Attention MAHC Members

The Nominating Committee is soliciting nominees for the two Board of Directors' positions that continue to be vacant. We need your help! This is your opportunity to nominate yourself or another MAHC provider member for consideration.

If you or someone you know would represent the Missouri home care industry as a Director, complete the form today and return it to the MAHC office by **March 21, 2018**. The Nominating Committee will contact all nominees to confirm their willingness to serve and to secure a resume and other material for consideration after the nomination phase is concluded. **All nominations must be received (mail, email or fax) or postmarked by March 21, 2018 to be considered.**

The Nominating Committee evaluates the nominees, keeping in mind the goals of the MAHC membership that includes provider representation from all areas of the state, each industry provider type and different areas of professional practices within those provider types. Nominees should be able to represent the entire industry in addition to their special interest. However, the Nominating Committee may not fill all vacant positions if not enough qualified nominations are received.

Consideration is given to geographical location and company demographics. In addition, individual candidates are evaluated based on several criteria including their involvement on MAHC committees and the number of years the individual has been in home care. **Strong consideration will be given to member companies that are:**

- **Home Health**
- **CDS**
- **Government Based**
- **PD/Medicaid (Private Duty Nursing)**
- **Serving the Northern & Southeast regions of Missouri**

A description of eligibility and responsibilities for MAHC Board members, along with the nomination form, are enclosed.

- **Nominations must be received (mail, email, or fax) or postmarked by March 21, 2018.**

- **Late nominations will not be considered by the Committee.**

**Any questions, call the MAHC office at (573) 634-7772**



**Mail to:**  
*Missouri Alliance for Home Care*  
2420 Hyde Park, Suite A  
Jefferson City, MO 65109

# ***MAHC BOARD OF DIRECTORS***

## **Board Member Eligibility and Responsibilities**

Employees of current MAHC provider members are eligible for nomination to the Board of Directors.

In order to be a productive and useful member of the Board of Directors of MAHC, members are asked to commit to the following:

- 1.) Desire to seek improvement of the status of the home care population through the united efforts of the membership and board of MAHC;
- 2.) Make available the time necessary to carry out board, committee and/or officer's responsibilities (the Board of Directors meets approximately five times per year in Jefferson City or via conference call). The seat of any director who has absented himself or herself from regular Board meetings on three (3) consecutive occasions shall be declared vacant by the President.
- 3.) Think in the broader perspective of the needs of our constituency and our membership, as well as our own company problems and concerns;
- 4.) Be a creative contributor;
- 5.) Develop a pro-active position, providing positive influence in decisions which affect the home care industry;
- 6.) Receive the support of employers for the time and financial commitment necessary to fulfill board responsibilities.
- 7.) Resign within 1 month of taking office on the MAHC Board, any Board seat or officer position on another Missouri home care, hospice, centers for independent living, long term care or residential care association's Board.



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***BOARD OF DIRECTORS NOMINATION FORM***

Please consider nominating yourself or a MAHC provider member colleague to the Nominating Committee to be considered for the slate of nominees for the Board of Directors. Complete this form and return it by **March 21, 2018** to:

**Missouri Alliance for Home Care**  
**2420 Hyde Park, Suite A**  
**Jefferson City, MO 65109**  
**Phone: 573-634-7772**  
**Fax: 573 634-4374**

Nominee	_____
Position	_____
Company	_____
Company Address	_____
Telephone	_____ Fax: _____
Email	_____
Name	_____
Company	_____
Telephone	_____
Signature	_____
Email	_____

Statement of support for nominee (please attach additional sheet, if necessary):