



AHCA DISTRICT 4 MEMO

TO: ALL AHCA/AALA DISTRICT 4 MEMBERS
FROM: ERIC BELL, DISTRICT 4 PRESIDENT
DATE: JULY 3, 2018
SUBJECT: DISTRICT 4 QUEEN PAGEANT

District 4 President Eric Bell
ATTN: Amy Rollins
Reliance Health Care, Inc.
824 Salem Rd., Ste. 210
Conway, AR 72034
(501) 932-0050
cell (Amy) 501-730-6798
FAX (501) 932-0056

The "AHCA/AALA District 4 Queen Pageant" is scheduled for —
Wednesday, August 8, 2018 - 2:30pm

DUNBAR AUDITORIUM—MOUNTAIN HOME HIGH SCHOOL
(500 Bomber Blvd—Mountain Home)

Registration Fee: **\$30** Deadline: **Friday, August 3, 2018**

If you have already chosen your facility Queen, please go ahead and send in your completed social history entry form, the fully completed and signed authorization form, and entry fee as soon as possible. If you have not yet chosen your Queen, please make arrangements to hold your facility pageant before August 3 in order to meet the entry deadline for the district contest.

****Please note that entrants MUST be 60 years of age or older****

Mail your Queen Pageant forms and check made out to "AHCA District 4" to:

AHCA District 4
c/o Reliance Health Care, Inc.
ATTN: Richard Carrington
824 Salem Road, Ste. 210
Conway, AR 72034

(*note: you may also fax/email forms before placing the originals with the check in the mail: fax: 501-932-3169 email: rcarrington@rhcm.com)

**entries and checks should be received
NO LATER THAN AUG 3**

**Checks should be made out to:
"AHCA DISTRICT 4"***

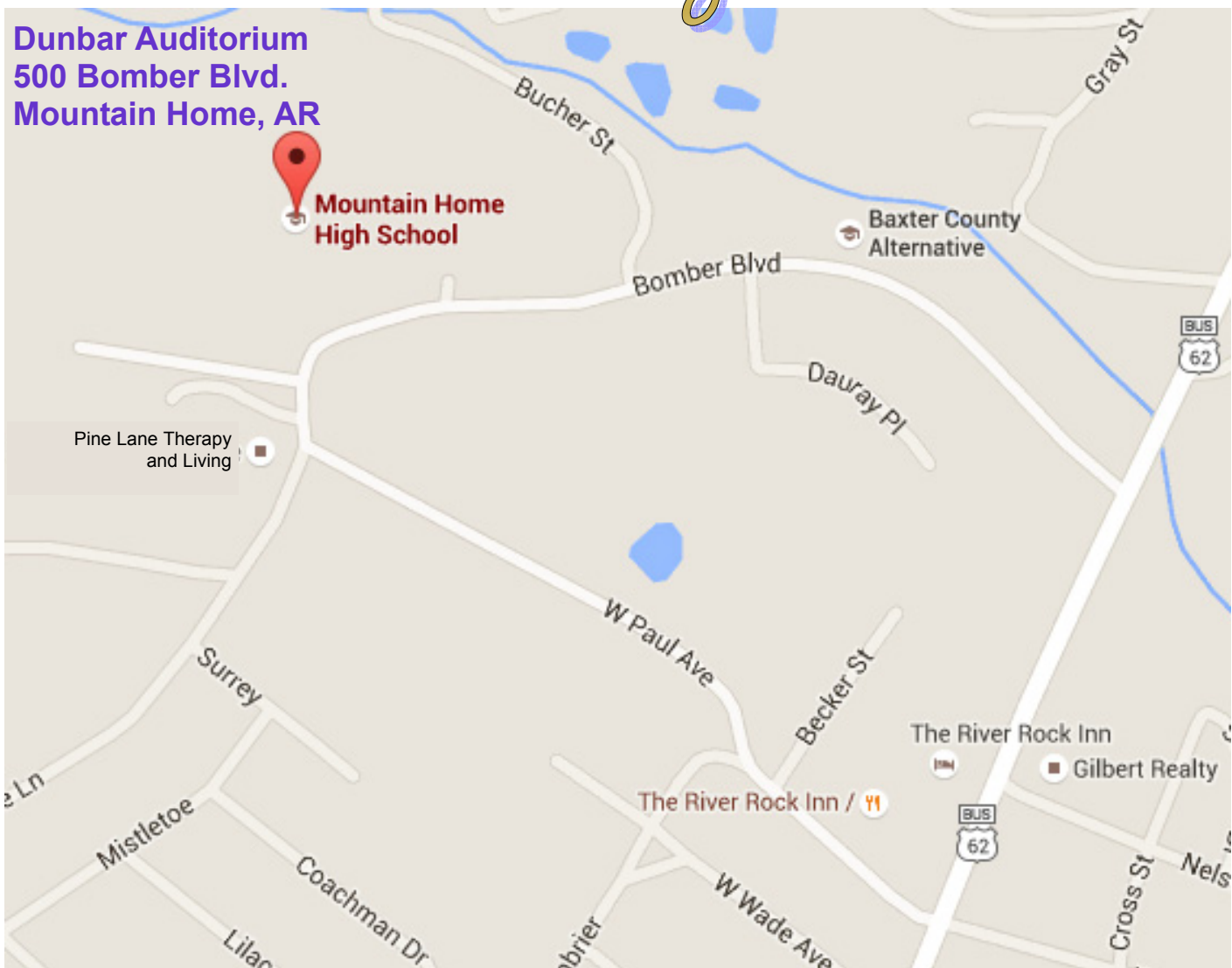
Facilities should provide their contestants with their own facility sashes to wear

Numbers to be worn will be provided by the District

If you have any questions concerning the pageant, please contact Amy Rollins at 501-730-6798 or amy@rhcm.com. Or Richard Carrington at 501-932-0050 / 501-454-1606 / rcarrington@rhcm.com



District 4 Queen Pageant 2018



If possible, contestants should **come dressed**....

Check In to receive contest's number and to verify dress description and escort....

Restrooms WILL be available, however, there will be limited space for changing...

A backstage **waiting area** for contestants and escorts will be available.....

Arrival between 1:45pm—2:15pm

WEAR FACILITY SASH FROM RIGHT SHOULDER TO LEFT HIP

Pageant will **START** at 2:30pm

ARKANSAS HEALTH CARE ASSOCIATION ARKANSAS ASSISTED LIVING ASSOCIATION



2018 QUEEN PAGEANT



STATE & DISTRICT PAGEANT RULES

1. Contestants must be residents in “AHCA” / “AALA” member” facilities.
****CONTESTANTS DO NOT HAVE TO BE FROM FACILITIES WITHIN THEIR ASSIGNED DISTRICTS; FACILITIES MAY ATTEND/COMPETE IN WHICHEVER DISTRICT PAGEANT IS CLOSEST/EASIEST FOR THEM****
 2. **Contestants must be 60 years of age or older.**
 3. Contestants must be ambulatory, ambulate with a walker, or in a wheelchair.
 4. Only one contestant per facility in the district pageant. (*Only one district pageant may be entered by each facility)
 5. Entry fees are optional for District Pageants. No fee is required for the State Queen Pageant held in conjunction with the Spring Convention in Hot Springs in April.
*****DISTRICT 4 CHARGES A \$30 ENTRY FEE*****
 6. A Social History Entry Form for each Queen Contestant is required, along with a signed Disclosure Authorization form. The official forms **MUST** be used.
(*Note - Information on forms must be either printed or typed.*)
 7. Contestants should wear a dressy short or long dress and provide a short description of the dress at the bottom of the entry form.
 8. Nothing should be worn on contestants’ head - no hats or crowns.
 9. Wrist corsages only may be worn.
 10. Contestants are allowed to wear rings, bracelets, necklaces and/or earrings.
 11. Each facility in the district may furnish a sash or ribbon for the contestant at its District Pageant. However - at the state Queen Pageant, the Arkansas Health Care Association will provide a satin sash for each contestant with her specific District number printed on it.
 12. “1st Place Winners” of previous State or District Queen Pageants are **NOT** eligible to enter again. Runners-up may enter again.
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2018 AHCA/AALA QUEEN PAGEANT

ENTRY FORM & CONTESTANT HISTORY

AHCA/AALA DISTRICT # 4

Name of Contestant: _____

Name of Facility: _____ City _____

Age at Time of Pageant: _____ How Long Lived at Facility: _____

Places Where Contestant Has Lived: _____

Interests and Occupations: _____

Number of Children: _____ Grandchildren: _____ Great-Grandchildren: _____

Interesting Life Accomplishments or Awards: _____

Hobbies that I Like: _____

What was the Greatest Event in Your Life?: _____

A Famous Person You Admired During Your Lifetime and Why?: _____

Things I Enjoy at the facility/home : _____

Color & Description of Contestant's Dress: _____



CHECK ONE — WILL CONTESTANT BE IN A WHEELCHAIR? YES _____ NO _____

CHECK ONE — WILL CONTESTANT NEED AN ESCORT? YES _____ NO _____

If not, resident will be escorted by whom? _____ relationship _____

AHCA/AALA DISTRICT AND STATE QUEEN PAGEANTS

Authorization for Disclosure and Use of Information

I voluntarily authorize the use or disclosure of the individually identifiable information I provide in connection with the AHCA/AALA District and State Queen Pageants. I understand that because the persons or organizations authorized to receive the information are not health plans or health care providers, the released information no longer will be protected by federal privacy regulations.

Person/Organization providing information: _____
(Name of Facility)

Person/Organization receiving information: The general public through disclosure to the Arkansas Health Care Association, Arkansas Assisted Living Association, its/their members and guests, and to local and statewide media, including radio, newspapers and television.

Purpose of Uses/Disclosures: The above listed facility may disclose the information I have provided so that the AHCA/AALA Queen Pageant may be publicized to the general public. Such publications may contain my photograph.

By signing below, I certify that I have read, or had read to me, and understand the following statements:

If I do not sign this form, there will be no effect on my health care or the payment for health care. I may refuse to sign this authorization. I may see and copy the information described on this form if I ask for it, and I will get a copy of this form after I sign it.

This authorization will expire within one year from the date of the Pageant. I understand that I may revoke this authorization at any time by notifying the facility, orally, or in writing, but if I do, the revocation won't have any effect on any actions the facility took before it received the revocation.

Printed Name of Resident: _____

Signature of Resident: _____

Date signed: _____

IF RESIDENT IS UNABLE TO SIGN AND/OR UNDERSTAND:

Signature of Resident's Representative: _____

Printed Name of Resident's Representative: _____

Relationship of Representative to Resident: _____

Date signed: _____

Attach this Form to Social History Entry Form