



DISTRICT 4 MEMO

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TO: ALL AHCA / AALA DISTRICT 4 MEMBERS
FROM: ERIC BELL, DISTRICT 4 PRESIDENT
DATE: THURSDAY, AUGUST 10, 2023
SUBJECT: DISTRICT 4 QUEEN PAGEANT

The “AHCA /AALA District 4 Queen Pageant” is scheduled for —
WEDNESDAY, SEPTEMBER 20TH, 2023 AT 2:00PM
Independence Hall auditorium at the
University of Arkansas Community College at Batesville

Registration Fee: **\$30** per contestant
 Deadline: **Friday, September 15, 2023**

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 September 15th in order to meet the entry deadline for the district contest. ****Please note that entrants must be 60 years of age or older.**** This is a STATE pageant rule.

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

***AHCA District 4
 c/o Amy Rollins
 28 White Oak Dr.
 Cabot, AR 72023***

Or you can email your forms to amy@rhcm.com and bring the original forms and check to the pageant on September 20th.

entries and checks should be received **NO LATER THAN SEPT 15**

Checks should be made out to: **“AHCA DISTRICT 4”**

Contestants should provide their own facility sashes; numbers will be provided by the District

Contestants may bring their own escort, or use one of the escorts provided by the District

Contestants should be dressed and ready to go on stage no later than **1:45pm. There will be limited restroom/dressing room space available in the auditorium for those wanting to get dressed after they arrive.

Pageant will be immediately followed by an informal reception.

If you have any questions concerning the pageant, please contact Amy Rollins at 501-730-6798 or amy@rhcm.com.

EB/ar
 Enclosures

Affiliate of



★ 2023 NURSING HOME QUEEN PAGEANT ★
STATE & DISTRICT PAGEANT RULES

1. Contestants must be residents in “AHCA /AALA member” facilities.
 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 Queen Pageant.
 5. Entry fees are optional for District Pageants. No fee is required for the AHCA State Queen Pageant at the October Fall Convention in Little Rock.
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 in contestants’ hair - 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 AHCA 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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Paid \$30 via:
Ck # _____
MO# _____
Cash
Date Pd: ___/___/___

2023 AHCA / AALA QUEEN PAGEANT

ENTRY FORM & CONTESTANT HISTORY

AHCA DISTRICT # 4

Name of Contestant: _____

Name of Facility: _____

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: _____

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, 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: _____

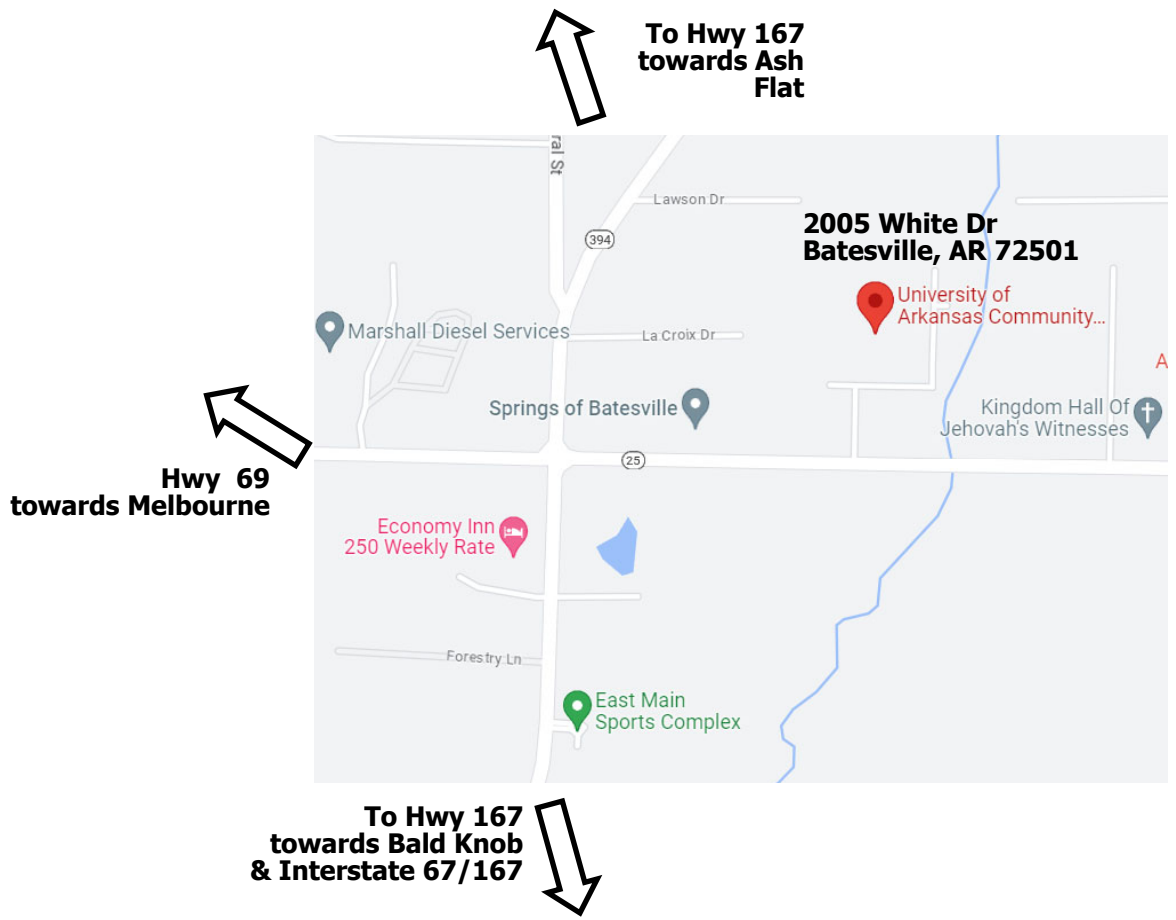
Signature of Resident's Representative: _____

Printed Name of Resident's Representative: _____

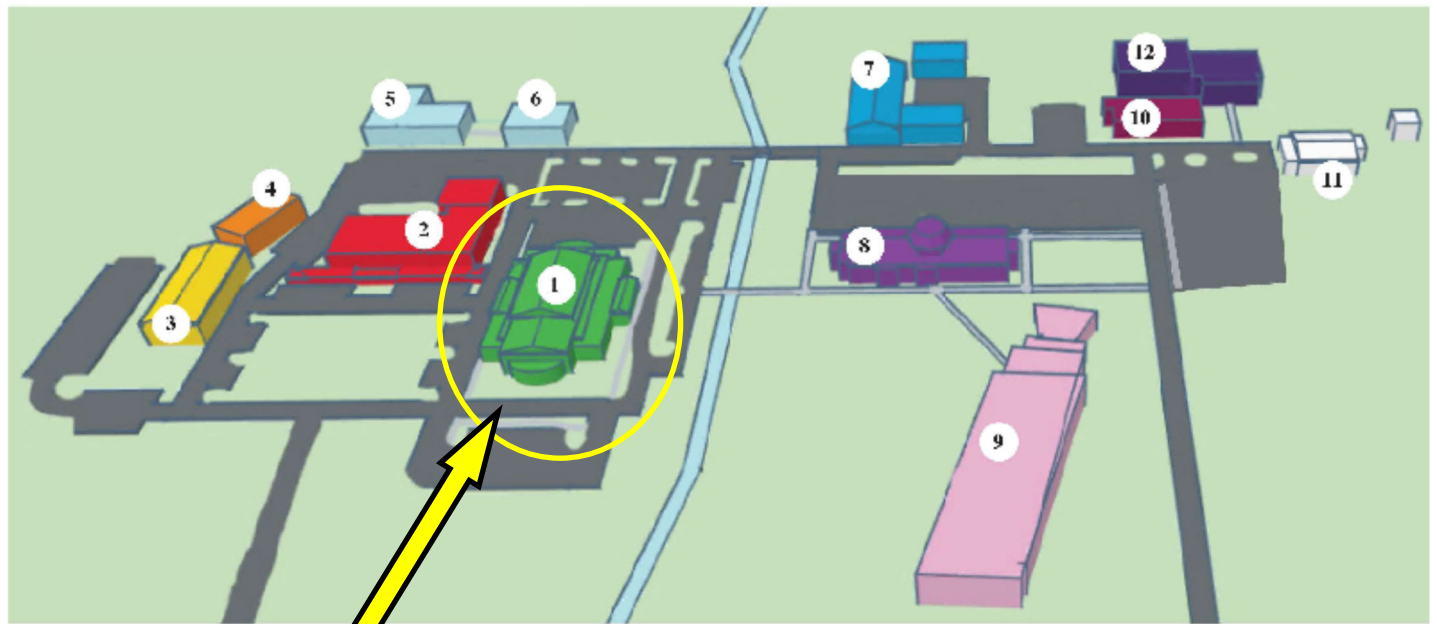
Relationship of Representative to Resident: _____

Date signed: _____

Attach this Form to Social History Entry Form



UACCB



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|------------------------------------|-------------------------------|------------------------------------|
| 1. Independence Hall (IH) | 5. Future Business Office | 9. Nursing and Allied Health (NAH) |
| 2. Main Campus Building (MCB) | 6. Fine Arts (FAE) | 10. Cosmetology |
| 3. Arts and Science Building (ASB) | 7. Physical Plant/Maintenance | 11. Fire Training Center |
| 4. Adult Education | 8. Row-Johns Library (RJB) | 12. Workforce Training Center |