



First Class
Postage
Required



NOMINATOR INFORMATION

Your Name: _____

Phone: (____) ____ - ____

Email: _____

I am a :

- ☐ Patient
- ☐ Family Member/ Visitor
- ☐ Tomah Health Employee

Department: _____

- ☐ Volunteer/Community Member
- ☐ Other: _____

If you have any questions, please contact
Executive Administrative Assistant
Kari Steinhoff at 608-377-8688.

Tomah Health
Attn: Kari Steinhoff
501 Gopher Drive
Tomah, WI 54660

Want to Thank a Support Service Member?

Tomah Health's BEE Award
recognizes support personnel who
have provided exceptional care
and service to patients.

All support staff such as
CNA's, HUC's, Lab Tech's,
Housekeepers, Facility Staff or
others - can be nominated
for the BEE Award.



Nominations may be submitted by patients, families and colleagues. Each recipient will be honored from this nomination and annually a recipient will be chosen by a committee at Tomah Health to be honored with the BEE Award.

Return this form to:

Tomah Health
Attn: Kari Steinhoff
501 Gopher Drive
Tomah, WI 54660



Forms can also be:

- Dropped off in designated Bee Award boxes at Tomah Health
- Given to Tomah Health Staff Members
- Emailing information outlined in this brochure to: KSteinhoff@TomahHealth.org

**Scan the QR Code
to submit the
BEE Award Online
at TomahHealth.org.**



First name and last initial of the staff member you are nominating: _____

Position or department in which the staff member works: _____

Below, please describe a specific situation or story that clearly demonstrates how this staff member made a meaningful difference in your care.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.