



ALTRUSA INTERNATIONAL OF LEXINGTON, KENTUCKY

**MIGHTY MOMS 2010
NOMINATION FORM**

The Lexington Altrusa Club is seeking nominees for **Mighty Moms**. Mighty Moms is a special project that offers moms and caregivers of children with severe developmental or physical disabilities a weekend for themselves for fun, relaxation and activities with 14 other moms. ***This year's event begins on Saturday morning, June 5 and ends on Sunday morning, June 6.***

Moms and caregivers are eligible if they care for the disabled child in their home, they live within the 17 county Bluegrass Area Development District* and are able to arrange for their child's care while they are away for Mighty Moms weekend.

To nominate a mom or caregiver for our Mighty Moms Weekend complete Part A.

Nominees generally come from agencies, health care providers, family or friends.

Mom/Caregiver complete Part B.

Completed forms (A and B) must be received by March 30, 2010

Send forms to:

Altrusa of Lexington,

P.O. Box 22564,

Lexington, Kentucky 40522-2564

Call Jana Smoot-White at (859) 230-8953 for project information.

Selection of moms and letter of acceptance are sent 6 weeks prior to the event.

- * **Bluegrass Area Development District Counties include:** • Anderson • Bourbon • Boyle • Clark • Estill • Fayette • Franklin • Garrard • Harrison • Jessamine • Lincoln • Madison • Mercer • Nicholas • Powell • Scott • Woodford

Mighty Moms Background

While attending an International conference, a Lexington Altrusan learned about a project called Magic Mums from a sister club in Auckland, New Zealand. The New Zealand club gives a group of moms of disabled children a weekend away from their responsibilities and showers them with relaxation and pampering.

We thought this idea was a perfect fit for the Lexington Altrusa Club and Mighty Moms was born in 2007. These women are the primary caregivers in their families and many have never spent a night away from their disabled child. It was our pleasure to honor them and Mighty Moms has become a cherished annual Club project.

Visit us at: www.altrusalexky.com (local) and www.altrusa.com (international)

MIGHTY MOMS Nomination Form PART A
To be completed by Nominator (agency, provider, family, friend)

Mom or Caregiver's Name: _____

Phone: _____ E-mail: _____

Address: _____

Child's Name: _____ Age _____

Disability: _____

Tell Us Why You Recommend This Mom/Caregiver for Mighty Moms

Your name (printed) _____:

Your Organization (if applicable): _____

Phone: _____ e-mail address: _____

What is your relationship to this mom? _____

Nominator's Signature _____ **Date** _____

MIGHTY MOMS Nomination Form PART B (page 1)
(To be completed by Mom/Caregiver)

Tell us about your disabled child:

Briefly describe your child's medical condition and how it requires your full time care. What does that care involve? (For example: assistance with dressing, communication, eating, feeding tube, special treatments, equipment, occupational therapy, physical therapy, etc).

The care of your child in your absence is your responsibility.

Who will care for your child and what are the arrangements when you are away for Mighty Moms weekend?

Whom should we contact In Case of an Emergency?

Name: _____ Phone _____

Your relationship to this person: _____

Your personal information is reviewed only by our selection committee and remains confidential

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MIGHTY MOMS Nomination Form PART B (page 2)
(To be completed by Mom/Caregiver)

Our goal is to help you leave the world behind for just one day. We've planned a fabulous weekend of fun and relaxation for you. This is ***your special day*** to do whatever you want.

Please select your top five Saturday afternoon activities from the list below.
(Rank them 1 through 5. 1 is your first choice, 5 your last).

___ **Massage**

___ **Hair Cut and Style**

___ **Manicure**

___ **Pedicure**

___ **Enjoy the great outdoors with a walking tour of the Lexington Arboretum**

___ **Relax at the hotel pool or in your room**

___ **Design your own pottery (group outing – you don't have to be artistic to enjoy it)**

___ **Other (just tell us) _____**

Do you have any special dietary needs?

Do you require handicap access to hotel and other facilities?

Do you need a smoking room?

Additional Comments or Requests:

Moms Name In Print _____

Mom's Signature _____ **Date** _____

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