



**7119 Van Kirk Ave.
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"If I only had a"

Nomination Form

We are accepting nominations for our Second Home *"If I only had a"* program. This wonderful program comes to life by changing a life! Do you know someone who needs a wheelchair to get their sick child to the doctor, do you know a mom with a special needs child that could use a lift to get their child from the bed to the wheelchair, do you know an older adult that cannot afford a bath seat, do you know a community campaign that needs help in educating or reaching the community about health care issues? These are just a few of the services/products we might be able to help with.

Help us help the community by nominating an individual or organization in need. Also, please consider donating to Second Home to help make our programs stronger.

Nominations are accepted on an on-going basis. Individual awards are given based on the level of need and availability of requested items.

NOMINEE CONTACT INFORMATION

Name: _____
 Organization (if applicable): _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: (work) _____ (home) _____

NOMINEE BIO INFORMATION

Summary of nominee's needs (100 words or less): _____

Summary of nominee's situation (100 words or less): _____

Summary of nominee's past commitment and service to their community (100 words or less):

NOMINATOR CONTACT INFORMATION

Name: _____ Organization (if applicable): _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Relation to nominee: _____