

2024 Photo Contest Submission Form

CONTACT INFORMATION

Photo Submitter's Name: _____

Organization Name (AL, HCH, IDDD, SNF): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ E-mail: _____

ENTRY INFORMATION

Photo Taken By: _____

Photo Title: _____

Narrative/Description of Photo (Maximum 30 words): _____

ENTRY REQUIREMENTS

- Entries must be submitted by an OHCA provider member; *no more than one entry per member location. Each can submit an entry per location if you have multiple lines of service. (Assisted Living, Home Care, Hospice, IDDD, and Skilled Nursing are this contest's only recognized lines of service.)*
- Email **completed** entries to Lisa O'Brien at lobrien@ohca.org with "Photo Contest" in the subject line.
- Photos must be in high-definition digital (JPEG, GIF, TIFF) format. Color and black and white images will be accepted.
- Entries should represent daily life, including personal interactions, activities, services, therapy, and events. Portraits will also be accepted.
- An entry form is required for each photograph.
- Photo releases must be submitted for each individual pictured.
- The member provider is responsible for obtaining and keeping an appropriate HIPAA authorization for each individual on record.

SUBMISSIONS

- Submit entries to lobrien@ohca.org via email.
- Attach the photo, a Photo Submission Form for each entry, and a Photo Release Form for each individual pictured.
- ***Complete entries must be received no later than November 19, 2024 to participate.*** There will be no exceptions.

Questions? Contact Erin Hart at OHCA (ehart@ohca.org, 614-420-0291)