Missouri Health Care Association (MHCA) is Missouri’s largest long term care trade association representing licensed proprietary, not-for-profit, skilled nursing, assisted living and residential care facilities. MHCA member facilities are divided into seven districts, each holding their own pageant with queens from area facilities. The queens from each District Ms. Missouri Nursing Home Pageant go on to compete for the title of Ms. Missouri Nursing Home Queen during the MHCA Annual Convention in August in Branson, Mo.

WHAT: MHCA District 6 Ms. Missouri Nursing Home Pageant
WHEN: Wednesday March 29, 2017 – Pageant at 10:30 am, Lunch at 12:00 pm
WHERE: Father Buhman Center
103 South 4th Street, Shelbina, Mo. 63468

RULES AND REGULATIONS (All forms enclosed)

1. Complete Contestant Information Form
2. Typed synopsis (In 250 words or less) about your candidate’s life, accomplishments, interests, travels, hobbies or unusual happenings. (Sample enclosed)
3. Have releases signed permitting participation, photographs and media coverage.

Each facility is asked to donate $50.00 and to make a sash for your contestant to wear with your facility name on it.

Administrators, please be sure visit with vendors who are present as judges and volunteers and thank them for making the pageant possible.

Contestant forms are due no later than March 3, 2017.

Please mail this information to: Penny Kampeter Administrator
c/o Tri-County Care Center
601 North Galloway Rd
Vandalia, MO 63382

If you have any questions regarding the event, please feel free to contact Penny Kampeter at (573) 594-6467 or email at pennykampeter@windstream.net.
NOTE: This event will not be in conjunction with the Annual Golden Age Games.

Ms. Nursing Home Pageant

MHCA District 6

Contestant Information

(Please print)

Name of Resident: ____________________________________________________________

Name of Facility: ____________________________Contact: __________________________

City: ____________________________________________

Age: ________ DOB: ________ Birth Place: ________________________________

Sight Impaired? ___________ Hearing Impaired? ____________________________

Information about Parents: __________________________________________________

________________________________________________________________________

________________________________________________________________________

Information about Childhood: _______________________________________________

________________________________________________________________________

________________________________________________________________________

Schooling: _______________________________________________________________

________________________________________________________________________

________________________________________________________________________

Spouse: ________________________ His Occupation: ____________________________

Years Married: ____________ Number of Children: __________________________

Number of Grandchildren: __________ Number of Great-Grandchildren: ______

Former Occupation: ______________________________________________________

Community Involvement: _________________________________________________

Important and Interesting Events in Life: ____________________________________

________________________________________________________________________

________________________________________________________________________

Travel: _________________________________________________________________

________________________________________________________________________

Highpoint in Life: _______________________________________________________

________________________________________________________________________

Current Talents and Involvement in the Nursing Facility: ______________________

________________________________________________________________________

________________________________________________________________________
In 250 words or less, tell us about this resident’s life, accomplishments, interesting travels, hobbies and unusual happenings (sample enclosed).

SAMPLE LIFE STORY LETTER

Betty Smith
ABC Facility
Springfield, MO 65802

BORN—A Connecticut Yankee
RAISED—A Florida Cracker and for the past 30 years, by deliberate choice—a confirmed Ozark Hillbilly.

THAT’S ME!!

I started teaching fresh out of High School, armed with a Florida Teacher’s Certificate. The school was a one room country school house, with all eight grades. There was a principal, teacher, janitor, librarian and nurse, all rolled into one. I leaned besides my basic teaching skills, teachers are made not born.

In addition to my 34 years of teaching, I was blessed with a wonderful 50 year marriage, 4 lovely children, Margaret, Mary, Sue, and Richard. 8 Grandchildren; 13 great-grandchildren, and 3 great, great-grandchildren.

Besides the fun of teaching, I had many exciting experiences. For instance, when a college degree became mandatory for teachers, I drove a 60 passenger school bus to pay for further schooling. At age 53 I graduated from Stetson University with 2 teenagers at home and 5 grandchildren. With retirement in view, we moved to the Ozarks—but—Mom went back to teaching.

Retiring, at last, as my husband’s health failed, I managed to squeeze in night classes teaching ABE and Special Education classes under a Government Title One program. Besides teaching “Mama Sprouts Poetry”, I used this title for the first published book of my poetry.

My Motto is “Wear Out or Rust Out”.
Conscious of the fact that we all either wear out or rust out, I do not intend to rust out!
I welcome the opportunity to stay useful and to be a blessing to others.
MISSOURI HEALTH CARE ASSOCIATION
 PAGEANT RESIDENT RELEASE FORM

____________________________________ has been examined by me and to the best of my knowledge
(Participant’s name) is capable of participating in the MHCA Pageant.

Physician’s signature ___________________________________

____________________________________ has my permission to participate in the MHCA Pageant. I
(Participant’s name) give permission for pictures to be used in media release.

Responsible
Party’s signature_____________________________________

I, ___________________________ choose to participate in the MHCA Pageant. I
(Participant’s name) understand photos, video tapes/audio recordings may be used for the purpose of
illustration, advertising, publication and promotion.

Resident’s signature__________________________________

PLEASE HAVE THIS FORM COMPLETED.
Name of Contestant:_______________________________________

Facility Name:____________________________________________

Facility Address:__________________________________________

Administrator:_____________________________________________

Number of Meals:__________________________________________
(Please include queen, facility and staff in Meal count)

Facility Fee:  $50.00

Total Amount Paid $_______________________

Mail to:
Penny Kampeter
c/o Tri-County Care Center
601 North Galloway Rd
Vandalia, MO 63382