ᑲᒪᒋᐅᓕᕆᓂ ᑕᖅᑭᖅᔪᑎᓐᓄᑦ ᓄᓇᒡᐱᓚᒃ 2026

Caregiver Appreciation Month November 2026

Fill out this form to nominate someone who makes a difference in your community by caring for those who need support. Their name will be entered into the Caregiver Appreciation Month regional draw for a chance to win the grand prize: Air Inuit tickets!

ᑕᒪᓐᓇ ᐊᖏᓪᓚᕆᕋᖅ ᐃᖅᖁᓕᓱᑦ ᑐᓂᔅᓯᑎᑦ ᐃᓄᒃᒥᑉ ᓄᓇᓕᓂᓐᓄᑐᖅ ᑲᓐᓂᓕᓕᓐᓂᒃ ᑲᒪᕆᓕᓕᖅᐸᓕᕆᔨᓐᓄᑦ ᐃᖅᐱᒍᓕᕆᓕᓕᓂᓐᓄᑦ ᐃᑲᐃᓕᓕᕆᔨᓕᓂᒃ ᐃᓕᓴᕐᓂᖅᓯᒪᓕᕆᔨᓂᖅ. ᐊᑎᖅᑎᑦ ᐱᓕᕆᑲᓕᓕᒍᐅᓪᓗᑎᑦ ᑲᒪᔨᔪᑎᑎᖅᑐᓂᒃ ᐅᐱᒍᓕᕆᔨᑲᐅᓂᖅᓱᒪᑦ ᑕᖅᑭᖅᓱᓄᓂ ᓄᓇᓕᓂᒋᓂ ᐱᓕᕆᑲᐅᑎᓂᓂᒃ ᐱᓕᕆᑲᐅᑎᓂᓂᒃ: ᐃᓄᐃᑦ ᕆᑲᖅᐅᖅᑎᑦ!

Who are you nominating?
ᑭᓇᐸᒃ ᐊᑐᕈᒪᔨᐅᐃᓪᓕᑦ? (ᐊᑎᓕᒧᖅᑎᑦ / Full name): _____

Which community is he or she from?
ᓇᓕᓕᐊᑦ ᓄᓇᓕᖅᑎᑦ ?

- ☐ Akulivik / ᐊᑯᓕᕆᒃ
- ☐ Aupaluk / ᐊᐅᐸᓗᒃ
- ☐ Inukjuak / ᐃᓄᒃᔪᐊᒃ
- ☐ Ivujivik / ᐃᕐᔨᕆᒃ
- ☐ Kangiqsualujjuaq / ᑲᖏᑎᓯᐊᓗᑦᔪᐊᖅ
- ☐ Kangiqsujuaq / ᑲᖏᑎᓯᔪᐊᖅ
- ☐ Kangirsuk / ᑲᖏᑎᓯᖅ
- ☐ Kuujjuaq / ᑰᑦᔪᐊᖅ
- ☐ Kuujjuarapik / ᑰᒃᔪᐊᖁᓘᒃ
- ☐ Puvirnituq / ᐳᓘᑎᓂᑐᖅ
- ☐ Quaqtaq / ᖁᐊᖅᑕᖅ
- ☐ Salluit / ᓴᓪᓗᐃᑦ
- ☐ Tasiujaq / ᑕᓯᐅᔭᖅ
- ☐ Umiujaq / ᐅᒥᐅᔭᖅ

What is their age group and gender?
ᖃᖅᓯᓂᖅ ᐅᑭᐅᓕᓐᓄᑦ ᐊᒻᒪᓗ ᖃᓄᐃᑦᑐᓂᖅ ᐊᖏᔪᑎᓂᒃ/ᐊᖅᑐᓂᒃ?

	13-17 yo	18-25 yo	26-35 yo	36-45 yo	46-55 yo	56-65 yo	+ 65 yo
Man ᐊᖏᔪᑎᒃ	☐	☐	☐	☐	☐	☐	☐
Woman ᐊᖅᓇᒃ	☐	☐	☐	☐	☐	☐	☐

Why are you nominating this person as a star caregiver?
Ex: what do they do take care of others; who do they care for; etc.

ᓯᒧᑦ ᐃᓄᒃᒥᑉ ᑐᖓᔾᔪᑎᖃᖅᑐᑎᑦ ᐅᐱᒍᓕᕆᔨᓂᖅᓯᒪᓕᕆᔨᓂᖅᓱᒪᑦ ᖃᓪᓗᓈᑦᑐᖅ?
ᐅᑐᑐᐅᑎᑎᒃ: ᓯᖃᖅᑕᕐᓗᑦ ᐊᓯᒥᓂᒃ ᖃᓪᓗᓈᓕᓐᓂᑦ? ᑭᓇᐸᒃ ᖃᓪᓗᓈᑦᑐᖅᑕᖅᓱᒪᑦ: ᑭᓇᐸᒃ ᐱᖓᓐᓂᓚᖓᖅᑎᑦ, ᐊᓯᖓᓕᓗ.

_____

_____

_____

Would they agree to: / ᐊᖏᑭᖅᓯᒪᔪᑦ :	Yes / ᐃ	No / ᐊᐅᒃ	Maybe / ᑌᒣᑐᐃᐅᓯᖅ
• have their picture taken? / ᐊᑦᔨᑕᐅᓗᒍᒪᖅᑕᒃ/ᒥᒃ ᐊᑦᔨᑕᐊᓗᑎᐊᖅᑕᒃ?	☐	☐	☐
• have name and contributions recognized online? / ᐊᑎᖅᑎᕐᓂᒃ ᑐᓂᔨᒍᑎᖏᑦᑐᓗ ᐃᓕᑕᓗᒃᐅᔨᒪᔨᓴᒃᖢᑦ ᖃᓗᑕᐅᔭᒃᑯᑐᓄᑦ?	☐	☐	☐
• talk about their experience in a video? / ᐅᖅᑲᓕᕐᓂᑦ ᐊᑐᑎᔭᐃᓂᕐᒥᓂᒃ ᑕᑯᖏᓐᓄᑦᓴᑕᐊᓗᑕᒍᒍ	☐	☐	☐
• talk about their experience on the radio? / ᐅᖅᑲᖏᖏᓐᓇᑦ ᑐᓴᐅᒪᔭᐅᒍᑎᒥᓂᒃ ᑐᓴᐅᑎᒃᑯᑦᑦ?	☐	☐	☐

What's the best way to contact them (in case they win a prize)
ᖃᓄᐃᓕᑐᒥᒃ ᐱᐅᔨᓴ ᐊᑭᓕᖅᑎᓕᐅᕈᑎᒍᓂᑦ ᐋᓕᖅᑲᕈᑎᒃ (ᐋᓕᖅᑲᑐᐊᖅᕐᕋᑦ)

☐ Facebook messenger / ᕿᖏᓴᒃᑯᑦ :

☐ Home phone / ᐊᓇᖅᑎᒥ ᐅᖅᑲᓕᐅᑎ :

☐ Directly at their house / ᐊᓇᖅᑎᒥᑎᒍᑦ:

☐ Email / ᖃᓗᑕᐅᔭᕆᑎᒍᑦ:

☐ Other / ᐊᓯᖏᑦ: _____

Your details / ᑐᑭᓯᑎᐊᕈᑎᑎᑦ

What is your name and job position (if relevant)?
ᑭᓇᐅᔪᑦ ᓯᓇᒥᓗ ᐱᓇᓯᒪᖅᖢᖅᑭᑦ (ᑎᐊᖅᑲᕈᓂ)?

_____

What is the best way to contact you if needed? Give us an email, phone number or Facebook messenger name.
ᓇᐅᖅᑦ ᖃᐅᔨᒥᐊᖅᓚᐅᔪᓇᖅᑭᑦ? ᑐᓂᓯᑦ ᖃᓗᑕᐅᔭᕆᑎᒍᑦ ᐊᒥᓱᑦᓴᐅᔪᑎᓂᒃ, ᐅᖅᑲᓕᐅᑎᐸᐱᑦ ᑭᓯᓯᔪᑎᖏᑦᓂᒃ, Facebook-ᑯᑐᓄᑦ ᐊᒥᓱᑦᓴᐅᑐᐃᓇᖅᑯᑦ ᐊᑎᖅᓂᒃ.

_____

Would you like us to mail you a 'thank you' card that you could give them directly? You could write your personalized message in the card.
ᐊᒥᓕᖅᖢᖅᑭᑦ ᓇᑯᒋᔪᑎᑎᒥᑦ ᐊᒥᓕᓯᒪᓕᒋᒃ ᐊᐅᒥᓕᑎᑕᐅᔪᓕᖅᑕᑦ? ᐅᖅᑲᐅᓯᑎᖏᓂᒃ ᐊᒥᓕᔪᓄᖅᖢᖅᑭᑦ.

☐ **Yes / ᐃ** ☐ **No / ᐊᐅᒃ**

PO BOX / ᐊᒥᓕᖅᖢᓵᒃ _____

Village / ᓄᓇᓕᒥ _____

ᖃᐅᔨᒋᐊᖅᖢᓵᕐᓂᒃ | For more information

access.specialcareprograms.nunavik@ssss.gouv.qc.ca

facebook.com/NunavikAPSC

1995 - 2025

ᓄᓇᓵᒋᑎ ᐃᓕᓴᕐᓇᓂᕐᔪᒥᑦ ᑲᑎᒪᔨᑦ
RÉGIE RÉGIONALE DE LA SANTÉ ET DES SERVICES SOCIAUX DU NUNAVIK
NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES

APSC
ᐊᑐᐃᓇᓕᑎᑎᓂᕐᓂᒃ ᑲᒪᒋᔭᐅᓂᖅᓯᒪᔪᑦ ᐱᓇᓱᒋᑦ
GUICHET D'ACCÈS AUX PROGRAMMES DE LIMITATION FONCTIONNELLE
ACCESS POINT FOR SPECIAL CARE PROGRAMS