

What Families Need to Know...
When the Diagnosis is Alzheimer's Disease or Related Dementia
A Care and Support Workshop for Family Caregivers

Caring for someone with cognitive impairment is a 24-hour a day, 7-day a week challenge. This series of educational sessions provides an opportunity for families to learn and share together in an informal setting. Topics are presented by experts in their respective fields.

Our goals for the participants include:

- ⇒ Developing a better understanding of medical aspects of dementia
- ⇒ Obtaining strategies for coping with daily challenges of caring for an individual with memory impairment
- ⇒ Receiving important information related to legal and financial planning
- ⇒ Identifying various available community services that may be helpful now and in the future

Session Topics include:

- ❖ The Nature and Progression of the Disease
- ❖ Changes in Communication and Behavior
- ❖ Legal Planning for Families
- ❖ Family Coping Strategies & Community Resources

Butler County – May 2012

Four-part series (separate topics each day):

Tuesdays, May 1, 8, 15 and 22

5:00 p.m. to 7:00 p.m.

Middletown Senior Center

3907 Central Avenue

Middletown, OH 45044

This program is free of charge but reservations must be made in advance. To register, complete the form below and mail to: Alzheimer's Association, 644 Linn St. #1026, Cincinnati, OH 45203.



Various programs and services are funded in part by the Ohio Department of Aging through the Council on Aging of Southwestern Ohio, and Area Agency on Aging District 7, Inc. All services are provided without regard to race, age, color, religion, sex, disability, national origin, or ancestry.

REGISTRATION: What Families Need to Know / Butler County

DATES: Tuesdays, May 1 – 22, 2012

Your name (please print): _____

Street Address: _____

City: _____ State: _____ Zip code: _____

County: _____ E-mail address: _____

Telephone 1: (_____) _____ Telephone 2: (_____) _____

Circle one: Home Work Cellular

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Gender: M F Age: _____ Ethnicity: White Black Hispanic Native Amer. Asian Other

Relationship to person with illness: Spouse Adult child / in-law Sibling Other: _____

Age of person with illness: _____ Gender of person with illness: Male Female

County & State of residence of person with illness: _____