alzheimer's association®

the compassion to care, the leadership to conquer

Greater Cincinnati Chapter
644 Linn Street, Suite 1026
Cincinnati, OH 45203
(513) 721-4284 or 1-800-272-3900
www.alz.org/cincinnati

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

<u>Campbell County, KY – Fall 2012</u>

Four-part series (separate topics each day):
Thursdays, Oct. 18, Oct. 25, Nov. 1 and Nov. 15 *(not consecutive dates)*
6:00 p.m. to 8:00 p.m.
St. Elizabeth Healthcare – Ft. Thomas
85 N. Grand Avenue, Conference Rooms A & B
Ft. Thomas, KY 41075

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/Campbell Co. DATES: Thurs. 10/18, 10/25, 11/1 & 11/15, 2012

Your name (please print): _____

Street Address: _____

City: _____ State: _____ Zip code: _____

County: _____ E-mail address: _____

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

Circle one: Home Work Cellular Circle one: Home Work Cellular

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: _____