

Houston & Southeast Texas Chapter 713.314.1313 phone
2242 W. Holcombe Blvd. 713.314.1316 fax
Houston, TX 77030 800.272.3900 toll-free
www.alz.org/texas



Houston & Southeast Texas Chapter Resource List Inclusion Request Form

The Alzheimer's Association of Houston & Southeast Texas Chapter reserves the right to remove any service providers, programs or professionals from its database, at its discretion and without warning to the service provider. The chapter will notify the provider in writing the reason why they were removed from the database upon receiving a written request from that service provider. No payment will be made or received by providers for referrals.

I have read the above disclaimer statement and agree to abide by its provisions.

Signature: _____

Date _____

Print Name: _____

Title: _____

Name of Program/Provider: _____

Please email the completed form (4 pages) to alma.diaz@alz.org or fax to the attention of Helpline Staff at (713)314-1316

Please note that the following criteria were created to protect the interest of vulnerable individuals who are at risk due to memory impairment. These criteria are not meant to exclude any provider/agency and if you feel you do not meet stated criteria but have a special circumstance, please feel free to contact Ann Marie McDonald at annmarie.mcdonald@alz.org for further guidance regarding possible inclusion in our resource lists.

Please place an "X" next to the relevant provider type:

Adult Day Centers: Take persons with dementia

Home Care Agencies: Licensed insured and bonded. Agencies must maintain workers as their employees vs. as independent contractors to include liability coverage

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(this excludes registries). Agency must verbally report commitment to having clinical staff with experience and enjoyment in working with individuals who have memory impairments.

___ **Long Term Care Facilities (ALF/SNF):** Must accept persons with Alzheimer's disease and must have security measures in place to prevent elopement/wandering. Facilities that have a dementia specific program within their general population and do not offer a separate secure unit must describe the provision for the safety of residents with dementia. Be in good standing with the State of TX.

___ **Geriatric Care Managers:** Must be certified as a Geriatric Care Manager or certified as a Case Manager via a professional case management association.

___ **Geriatric Care Agencies:** Must provide help or resources for dementia patients

___ **Elder Law Attorney:** Provide help/resources for families and/or persons with dementia

___ **Diagnostic & Assessment Centers:** Provide assessments and evaluations for persons who suspect they may have Alzheimer's disease or dementia

___ **Neurologists:** Must be board certified in neurology

___ **Geriatricians:** Must be MD or DO –work with dementia patients

___ **Hospice:** Must be a licensed and accredited Hospice program

___ **Geriatric Psychiatrists:** Must be board certified in geriatric psychiatry

___ **Counseling:** Must be licensed as a psychologist/LCSW/LMFT/LMHC or LPC in TX and have experience and interest in working with issues related to Alzheimer's and/or adjustment to the illness.

___ **Dentist:** Must work with dementia patients

___ **Other Provider Type (Please describe):** _____

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Please provide the following information for inclusion in the appropriate resource list for your provider type/county:

Provider Name: _____

Provider Address: _____

Provider County: _____

Provider Contact Number: (only one number may be listed in the resource list):

Provider website:

Provider email: (please note if you wish the email to be for *in office use* only)

Please answer the following questions to provide further details to be included in your resource list listing: (all questions may not apply to your agency/specialty.)

What counties do you serve?

Are you licensed/certified? _____

Do you or your staff speak any languages other than English? Yes No

If yes, please provide languages spoken: _____

If you are a Medical professional or Elder Law Attorney, do you offer a free initial consultation? Yes No

Are you Type A Large Facility : Yes No

Type A Small Facility: Yes No

Are you Type B Large Facility: Yes No

Type B Small Facility: Yes No

What different levels of care do you offer? Independent living; Assisted living;
 Skilled nursing care; Medicare skilled nursing facility – (Check all that apply)

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If you are a LTC facility,(ALF/ SNF/Residential Care Home) - do you accept Medicaid or Medicare? Yes No

Which one or both? _____

Do you have an Alzheimer's unit? _____

What type of security do you have on your premises? _____

Does your facility offer Adult Day Care hours? Yes No

Do you offer short-term stay/respice to patients? Yes No

If yes what is the minimum length of stay? _____

If yes what is the maximum length of stay? _____

If you are a hospice service are you _____ Medicare Certified _____ Medicaid Certified
_____ Both

If you are a home care agency, do you provide non -medical or medical care?

If you are an adult day care, do you offer extended weekday or weekend hours? Yes
 No

If yes, please provide times/days: _____

Thank you for your interest in serving individuals and caregivers facing Alzheimer's disease and other related dementias. Our Resource Lists will be updated and new additions made two times a year. Minor revisions will be done as needed —please email alma.diaz@alz.org with any questions.