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 fields, including physicians, nurses, social workers and attorneys.

In this program, participants will:
⇒ Develop a better understanding of medical aspects of dementia, including diagnosis, stages and treatment
⇒ Learn strategies to cope with daily challenges, such as communication, behaviors, safety and personal care
⇒ Receive information about legal and financial planning, including advance directives, Medicaid and more
⇒ Identify community services to help you now and in the future, such as respite care and long-term care

Session Topics include:
● The Nature and Progression of the Disease  ● Legal Planning for Families
● Changes in Communication and Behavior  ● Family Coping Strategies & Community Resources

Adams/Brown/Highland Counties

Two-part series  
Tuesdays, March 13 & 20
12 – 4 p.m.
Adams County Regional Medical Center
230 Medical Center Dr.
Seaman, OH  45679

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.

CLICK here FOR ONLINE REGISTRATION

Or print out and complete the form below and send to: Alzheimer’s Association, 644 Linn St. #1026, Cincinnati, OH 45203. FAX: 513-632-3880.

REGISTRATION: What Families Need to Know /Adams/Brown/Highland  
DATES: Tuesdays, March 13 & 20

How did you hear about this program? ___ Alzheimer’s Assn. staff  ___ Healthcare provider  ___ Family/friend/co-worker
___ Mailing to home/work  ___ TV/radio/newspaper ad  ___ Website  ___ Other

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

Your Gender:  ___ M   ___ F  Your Age: _____  Your highest level of Education: ____________________________

Your Ethnicity: ___ White  ___ Black  ___ Hispanic  ___ Native Amer.  ___ Asian  ___ Other: ____________________________

Your relationship to person with illness:  ___ Self  ___ Spouse  ___ Adult child/in-law  ___ Sibling  ___ Other: ______

Age of person with illness: _______ Gender of person with illness:  ___ Male  ___ Female  Veteran:  ___ Yes  ___ No

Diagnosis: ___________________________________________ Date of diagnosis (estimated): ____________________________