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

Butler County
Two-part series
Saturdays, July 21 & 28
9 a.m. – 1 p.m.
Bethesda Butler Hospital
3125 Hamilton-Mason Rd.
Hamilton, OH 45011

This program is free of charge but reservations must be made in advance. To register, complete the form below and send to: Alzheimer’s Association, 644 Linn St. #1026, Cincinnati, OH 45203. FAX: 513-345-8446

To register online, click here

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 – Bethesda Hosp.  DATES: Sats., July 21 & 28

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): ____________