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, March 3 & 10
9 a.m. – 1 p.m.
West Chester Hospital
7700 University Dr.
West Chester, OH 45069

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 /Butler County  
DATES: Saturdays, March 3 & 10

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): ____________