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
❖ Changes in Communication and Behavior
❖ Legal Planning for Families
❖ Family Coping Strategies & Community Resources

Kenton County
Four-part series
Thursdays, September 6,13, 20 & 27
4 – 6 p.m.
Brookdale Edgewood
2950 Turkeyfoot Road
Edgewood, KY 41017

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

REGISTRATION: What Families Need to Know /Kenton County DATES: Thursdays, Sept. 6,13,20,27

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): ______________

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