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

**Lawrence County**

Two-part series

Thursdays, November 8 & 15
12 – 4 p.m.
Community Hospice
2029 S 3rd St.
Ironton, OH 45638

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

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 /Lawrence County
DATES: Thursdays, November 8 &15

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): ____________