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

Jackson/Vinton Counties
Two-part series
Tuesdays, May 8 & 15
12 – 4 p.m.
The Office Commons
135 E Huron St.
Jackson, OH 45640

This program is free of charge but reservations must be made in advance.

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/Jackson/Vinton Counties
DATES: Tuesdays, May 8 & 15
How did you hear about this program?
__ Alzheimer’s Asso. 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): ____________