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

Scioto County
Two-part series
Tuesdays, September 11 & 18
12 – 4 p.m.
SOMC East Campus Gibson Building (Ground Floor, Room #2)
2201 25th St.
Portsmouth, OH 45662

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

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.

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 /Scioto Co.  DATES: Tuesdays, September 11 & 18

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): _____________