

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

Hamilton County

Two-part series

Saturdays, January 13 & 20

9 a.m. – 1 p.m.

Bethesda North Hospital, Golder Room 2

10500 Montgomery Rd.

Cincinnati, OH 45242

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



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.

REGISTRATION: What Families Need to Know /Hamilton Co. DATES: Saturdays, January 13 & 20

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): _____