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##### Greater Cincinnati Chapter

**644 Linn Street, Suite 1026**

**Cincinnati, OH 45203**

**Phone: 1-800-272-3900**

**FAX: 513-345-8446**

**www.alz.org/cincinnati**

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

#### Ripley County – Summer 2017

 Two-part series

 Saturdays, July 8 & 15

 10 a.m. – 2 p.m.

 Tyson Library
 325 W. Tyson Street
 Versailles, IN 47042

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 /Ripley Co. DATES: Saturdays, July 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): \_\_\_\_\_\_\_\_\_\_\_\_\_\_