

Table of Contents

Abuse (child and adult)

Ashland County Job and Family Services – pages 28-33

Aids

Aids Recourse Center of Ohio – page 1

Assisted Living

Ashland County Council on Aging – pages 3-4

Child Care Services

Ashland County Job and Family Services – page 16

Disability Assistance

Ashland County Job and Family Services – page 16

Elderly Care

Ashland County Council on Aging – pages 9-11

End of Life

Hospice of North Central Ohio – page 41

Electric Assistance

Associated Charities – page 38

Kroc Center (Ohio Edison) – page 42

Saint Vincent de Paul – page 43

Financial Elderly Supplement

Ashland County Council on Aging – pages 13-15

Financial Support

Ashland County Job and Family Services – page 23

Food

Ashland County Job and Family Services – page 17

Associated Charities – page 38

Kroc Center – page 42

Golden Buckeye Card

Ashland County Council on Aging – page 4

Heating

Ashland County Job and Family Services – page 26

Associated Charities – page 38

Saint Vincent de Paul – page 43

Helping Hands

Loudonville & Perrysville residents – page 41

Table of Contents

Home Improvements

CHIP program – page 40

Home Health Care

Ashland County Council on Aging – page 8

Housing

Low income – page 44

Senior – page 44

Pet friendly (cat or dog) – page 45

Kinship Caregivers

Ashland County Job and Family Services – page 19

Kidney

Kidney Foundation of Ohio – page 41

Medical Assistance

Ashland Christian Health Center – page 2

Ashland County Council on Aging – pages 5-7

Ashland County Job and Family Services – pages 18 and 20

Associated Charities – page 38

Mental Health

Ashland County Council on Aging – page 9

List of agencies – pages 47-52

Nursing Home and Long Term Care

Ashland County Job and Family Services – page 23

Parenting Skills

Ashland Parenting Plus – pages 35-36

Pregnancy/Pregnancy Assistance

Ashland County Job and Family Services – pages 24-25

Ashland Parenting Plus – page 36

Ashland Pregnancy Center – page 37

Rape Crisis

Safe Haven – page 43

Rehab

Catalyst Life Services – page 39

Rent/Mortgage

Associated Charities – page 38

Saint Vincent de Paul – page 43

Table of Contents

Shelters

Community Action Commission – Kno Ho Co – page 46

Transportation – Non Emergency

Ashland County Job and Family Services – page 22

Veterans Assistance

Ashland County Veterans Commission – page 34

Waivers to Stay in Your Home

Ashland County Job and Family Services – page 27

Water

Associated Charities – page 38

Saint Vincent de Paul – page 43

Aging Loved Ones & Memory Concerns

Interview of an aging loved one – pages 53 – 55

Emergency Information Form – page 56

Assessing safety and well-being of elderly loved ones – pages 57-61

Check list for visits to a Memory Care Facility – pages 62-64

Dementia Care Guide – pages 65-93

Care Givers Bill of Rights – pages 94-95

Aids Resource Center Ohio, Mansfield

410 Park Avenue West Suite 100
Mansfield, OH 44906
(419) 525-2922

Services: Emergency housing financial assistance

Hours: Monday to Friday 9:00 AM – 5:00 PM

Eligibility: HIV positive, 80% median income of Ohio County-Emergency based

Documents to Bring: HIV status and income verification

American Red Cross

Address: 244 W South St, Wooster, OH 44691

Phone:(330) 264-9383

Ashland Christian Health Center

The Ashland Christian Health Center exists to holistically care for and elevate the dignity of Ashland County residents who are uninsured or under-insured in a Christ-centered atmosphere.

380 East Fourth Street
Ashland, OH 44805
419-903-0475

Clinic Hours:

Tuesday: 6:00 pm – 8:00 pm

Saturday: 9:00 am - 11:00 am

Who we Serve:

Any adult resident of Ashland County, age 18 and over, who does not have health insurance and falls within 200% of the Federal Poverty Guidelines may be seen by one of our volunteer physicians during the clinic hours

What Services are offered?

We see people for any general medical problem such as diabetes, high blood pressure, depression, abdominal pain, emphysema, asthma, headaches, sore throat, cough, and general physical exams. If we cannot take care of your problem, we try to arrange for an appropriate referral.

Ashland County Council On Aging

Peggy Boales ED

240 E Third St.

Ashland OH 44805

419-281-1477

directorashcocoa@zoominternet.net

About Assisted Living

Assisted living combines a home-like setting with personal support services to provide more intensive care than is available through home care services. Assisted living facilities provide older adults with an alternative to nursing facility care that is both less expensive and less restrictive.

Assisted living residences vary considerably, but most provide meals, housekeeping, laundry, transportation, and social activities. They also offer personal care, such as assistance with eating, bathing, grooming and personal hygiene. Some nursing care is also provided, including medication administration and dressing changes.

Costs for assisted living generally range from \$2,000 to \$4,000 per month and vary depending on the size of living area an older adult chooses, area of the state and the amount of care needed.

Ohio's Assisted Living Waiver Program pays the costs of care in an assisted living facility for certain people with Medicaid, allowing the consumer to use his or her resources to cover "room and board" expenses. Individuals who meet certain service and care needs and meet established financial criteria may be eligible for Ohio's Assisted Living Waiver Program.

To find out if assisted living is a good option for you, contact your [Area Agency on Aging](#) and request a free assessment. To determine if you may be eligible for Medicaid, visit [Ohio Benefits](#).

The [Long-term Care Consumer Guide](#) is an online tool that can help you find and compare nursing and residential care facilities, including assisted living, in your area.

Ashland County Council on Aging Continued

Choices Home Care Waiver

On March 1, 2014, consumer directed services became available statewide. Individuals interested in receiving consumer directed services will enroll directly in the PASSPORT program. The Choices waiver program ceased operation on June 30, 2014.

Your PASSPORT administrative agency can help you understand self-directed care options. To determine if you may be eligible for Medicaid, visit Ohio Benefits.

The Golden Buckeye Card

More than two million Ohioans are eligible for the Golden Buckeye card, honored at 20,000 businesses statewide. Golden Buckeye cardholders have saved an estimated \$2 billion since 1976. All Ohioans age 60 or older, as well as adults age 18-59 who have disabilities as defined by Social Security, are eligible for a free Golden Buckeye card.

How to Get a Card - Ohio residents who hold current Ohio Driver Licenses or State ID cards automatically receive a Golden Buckeye card in the month of their 60th birthday. Individuals who do not have a current license or State ID, as well as people under age 60 who are eligible due to disability, or who otherwise do not receive their card automatically, may apply for a card at most public libraries and senior centers. Due to ID, age and disability (when appropriate) verification requirements, you cannot apply for a Golden Buckeye Card online or by phone.

How to Get a Replacement Card - If your Golden Buckeye Card has been lost, stolen or damaged, call **1-866-301-6446** to request a replacement.

HEALTHY U Ohio



HEALTHY U: Chronic Disease is a small group program that helps adults of any age gain confidence in their ability to manage symptoms and understand how their health problems affect their lives. Individuals participate in an interactive workshop 2 1/2 hours a week for six weeks. Each workshop is facilitated by a pair of leaders, one or both of whom live with a chronic disease themselves. HEALTHY U was developed by researchers at Stanford University, and is effective in improving health outcomes and reducing health care costs.



HEALTHY U: Diabetes builds on the successful structure of HEALTHY U: Chronic Disease, but is tailored specifically for adults living with type 2 diabetes. Like other HEALTHY U programs, workshops are conducted in a series of six, 2 1/2 hour weekly sessions at locations within your community, by workshop leaders with personal experience dealing with diabetes and diabetes-related conditions.



HEALTHY U: Chronic Pain helps participants who live with back pain, nerve pain, fibromyalgia and other types of chronic pain to improve their confidence in managing their symptoms and daily activities. Like the other HEALTHY U programs, participants attend a series of workshops where they learn to develop action plans to incorporate changes in their lifestyle, improve nutrition, increase physical activity, and deal more positively with emotional issues associated with their condition.

Ashland County Council on Aging Continued



Diabetes Education Empowerment Program (DEEP) was developed by the University of Illinois at Chicago and is an interactive program that provides participants with tools to better manage diabetes. It is conducted in six weekly two-hour sessions and is based on principles of empowerment and adult education. The primary goal of DEEP is to empower participants in diabetes self-management efficacy.

STEADY U Ohio



A Matter of Balance is an award-winning group program that emphasizes practical strategies to reduce the fear of falling and increase activity levels. Participants meet in small groups in community settings once a week for 8 weeks, where they learn to view falls as controllable, set realistic goals, change their environment to reduce risk factors and exercise to increase strength and balance. A Matter of Balance is offered through area agencies on aging, senior centers, local aging network providers and health departments. [Learn more about A Matter of Balance.](#)



Tai Chi Tai Chi is a centuries-old, mind and body practice that involves fluid, whole-body movements that gently challenge and strengthen balance, mental focus, deep breathing and relaxation. It has been proven to improve balance and reduce falls and may have other health benefits as well. Tai Chi is available in many Ohio counties. [Learn more about Tai Chi.](#)

Find more information and resources for falls prevention at www.STEADYU.Ohio.gov.

Ashland County Council on Aging Continued

Additional Healthy Lifestyle Programs

The Ohio Department of Aging supports two programs to help address health and wellness for people with depression and Alzheimer's disease, and their caregivers. These programs may require screening or referral to participate.

Healthy IDEAS - Healthy IDEAS (Identifying Depression, Empowering Activities for Seniors) is an individualized, depression self-management program that includes screening, assessment, education and referral to appropriate health professionals if appropriate. The program is conducted through case management and serves clients as well as family caregivers. Healthy IDEAS is available in select regions of Ohio through participating area agencies on aging and provider agencies.

Reducing Disability in Alzheimer's Disease - Reducing Disability in Alzheimer's Disease provides exercise training to people with Alzheimer's disease who live at home. At the same time, family caregivers learn about strategies to manage behavioral symptoms. This program is offered in select regions of Ohio through regional Alzheimer's Association chapters. Contact your regional chapter for further information.



For assistance:

1-800-282-1206

elderrights@age.ohio.gov

Or contact your regional ombudsman.

About the Ombudsman

Ohio's Office of the State Long-term Care Ombudsman advocates for people receiving home care, assisted living and nursing home care. Paid and volunteer staff work to resolve complaints about services, help people select a provider and offer information about benefits and consumer rights.

Ombudsmen do not regulate nursing homes and home health agencies, but do work with providers, residents, their families and other representatives to resolve problems and concerns.

In addition, ombudsmen:

- Advocate for person-centered approaches by providers to meet the needs and honor the preferences of residents;
- Link residents with services or agencies;
- Offer resources for selecting long-term care providers; and
- Provide information and assistance with benefits and insurance.

Ashland County Council on Aging Continued

The Healing Power of Music

Imagine being trapped inside your own body, your connections to your memories and people you hold dear muddled and confused. For many Ohioans with Alzheimer's disease and other dementias, this is their world. But what if something as simple as a song could change that? Consider the story of Henry:

How it works

Music & MemorySM is an innovative approach to dementia care pioneered by Dan Cohen and supported by neuroscience research. The program is an example of the type of person-centered care that Ohio is embracing. The Ohio Department of Aging is excited to bring this program to our state.

Through Music & MemorySM, individuals listen to their favorite music through the popular iPod digital music player. Music & MemorySM trains nursing home staff, other elder care professionals and family caregivers how to create and provide personalized playlists that enable those struggling with dementia to reconnect with the world through memories triggered by the music they love. The process builds lasting, caring relationships and improves the care experience for all involved.

Our brains are hard-wired to connect music with long-term memory. People with dementia, Parkinson's disease and other diseases that damage brain chemistry can reconnect to the world and gain improved quality of life from listening to personal music favorites.

Program of All-inclusive Care for the Elderly (PACE)

About PACE

Program of All-Inclusive Care for the Elderly, or PACE, is a managed care model that provides participants with *all* of their needed health care, medical care and ancillary services in acute, sub-acute, institutional and community settings. Services include primary and specialty care, adult day health services, personal care services, inpatient hospital, prescription drug, occupational and physical therapies and nursing home care.

Ohio's PACE site is in Cleveland, managed by McGregor PACE Center for Senior Independence, who receives full capitation from both Medicare and Medicaid. They have an inter-disciplinary team that directs and provides the care of their participants. The site pools its resources to pay for whatever services an individual needs, including services not otherwise covered by Medicare or Medicaid. This flexibility enables them to be proactive in their care of participants.

To be eligible for PACE, participants must be age 55 or older, live in the Cleveland area and, if seeking Medicaid assistance, qualify for coverage under the institutional financial eligibility standards (participants can be private-pay). To determine if you may be eligible for Medicaid, visit [Ohio Benefits](#). Participants also must need an intermediate or skilled level of care and be willing to receive all of their care

Ashland County Council on Aging Continued

from PACE program providers. In addition, participants must be able to remain safely in a community setting at the time of initial enrollment.

PASSPORT Program

About PASSPORT

Most older Ohioans prefer to live independently in their own homes, in their communities, surrounded by family and friends, for as long as they can. But, many need some help doing so. Before Medicaid waiver programs, older adults who needed any degree of long-term care typically entered nursing homes. Ohio's PASSPORT Medicaid waiver program helps Medicaid-eligible older Ohioans get the long-term services and supports they need to stay in their homes.

PASSPORT is a two-pronged program. The first part is a pre-admission screening during which interested consumers are screened by telephone to determine preliminary Medicaid eligibility and care needs. They are also provided information about the variety of long-term care options available.

The second part of PASSPORT is home care. Once a consumer is determined eligible a case manager works with him or her to develop a package of in-home services to be provided by local service providers. The case manager then monitors the care for quality and changes the care plan as necessary.

Eligibility

Eligible PASSPORT participants are:

- Age 60 or older;
- Financially eligible for Medicaid institutional care (For 2013, this means typically earning no more than \$2,130 per month for one person and having no more than \$1,500 in countable assets, though individuals above this limit may be eligible based on the extent of their medical and in-home needs);
- Frail enough to require a nursing home level of care; and
- Able to remain safely at home with the consent of their physician.

The cost of PASSPORT services needed at the time of application cannot exceed 60 percent of the cost of nursing home care. Some costs incurred by the state for PASSPORT care may be subject to estate recovery. Estate Recovery is required by the federal Omnibus Budget Reconciliation Act of 1993, and by Section 5111.11 of the Ohio Revised Code. All Medicaid services provided to persons age 55 or older are subject to recovery, including physician visits, outpatient visits and home- and community-based waiver services like PASSPORT and all medically related Medicaid services. For more information about estate recovery, contact your county Office of Job and Family Services.

For more information and to determine your eligibility, contact the Agency serving your area. To find out if you may be eligible for Medicaid, visit Ohio Benefits.

Ashland County Council on Aging Continued

Consumer-Directed Services Options

PASSPORT: Consumer Direction Opportunities allows you, the PASSPORT consumer, more choice and control over the delivery of your home and community-based services. It puts you in the driver's seat! It also allows you or your authorized representative to hire your own direct service workers from a Choices-Home Care Attendant Service (C-HCAS) or Personal Care Service. You will receive training to assist with learning the necessary skills to direct your services.

Consumer Direction is optional, voluntary and not appropriate for everyone. With both service options, you or your authorized representative must exhibit the capacity and ability to: advocate for yourself; know your rights; monitor quality; verbalize your desire to direct the services; have open communication and use problem-solving skills.

With both options, you and your care manager agree that a consumer directed service plan is right for you. The two of you, then, develop your care plan. From there, you, the consumer does the recruiting, hiring, training and educating of your workers. You also manage scheduling, supervising and firing your workers, and are responsible for resolving worker or service issues with your worker directly. You and your care manager collaborate with the financial management service to track service hours and payroll. The care worker cannot be a parent, step-parent, spouse, guardian or power of attorney or DPOA.

The C-HCAS option offers this advantage: You train the worker on initial service tasks and provide ongoing training. Additional training can be required, if needed. You negotiate your worker's hourly pay rate with care manager input.

The Personal Care Service option offers this advantage: The worker must be certified as an STNA, HHA, or have completed a 60-hour ODA-approved training program and 12 hours of continuing education, annually. The worker works for the state-contracted hourly pay rate.

Ashland County Council on Aging Continued

Is self-directed care right for you?

PASSPORT provides options for some participants to direct their own care. Self-directed care may be right for you if you agree with any of these statements:

- I am satisfied with the home and community-based services that help me so I can continue living in the community.
- I have special health needs (e.g., memory impairment, chronic health problem or disability) or cultural needs (e.g., language) that could be better met by a service where I can use workers that I know, like my family or friends.
- My life could be improved if I had more control over my services and could hire workers that I know and tell them what to do and when.
- I can describe how taking responsibility for my services will benefit me.
- I am interested in managing the help that I need so I can live in the community.
- I can write out a plan, on my own or with help, for the activities that help me stay in the community.
- I can take on the responsibility as an employer of finding, hiring, and managing workers myself or if someone helped me.
- I know someone who can help me with the responsibility of being an employer, if needed.

Your PASSPORT administrative agency can help you better understand self-directed care options.

Ashland County Council on Aging Continued

Residential State Supplement

The Residential State Supplement (RSS) program provides a monetary supplement to low-income adults with disabilities who do not require nursing home care. The supplement, along with the consumer's income, pays for an approved living arrangement.

With the passage of H.B. 153, Ohio's 2012-2013 biennial operating budget, RSS officially transferred from the Ohio Department of Aging to the Ohio Mental Health & Addiction Services (MHAS), effective July 1, 2011. Information about the program is available via [MHAS' RSS web page](#).

Please call 1-855-777-6364 for more information and assistance.

Civic Engagement Initiative

Overview

The Ohio Department of Aging's Civic Engagement Initiative expands the focus of lifelong learning and volunteerism as tools for increasing job readiness among adults age 50-plus. Our goals include:

- Ensuring that Ohio's older workers have skills and credentials that are aligned with employer needs;
- Connecting older adults with diverse skills to volunteer opportunities throughout Ohio to help build their communities and their résumés;
- Providing educational opportunities that both enrich the lives of older adults and offer opportunities for career growth; and
- Providing tools to local organizations to assist with their efforts to increase civic engagement.

Many of our 50-plus volunteers are already actively engaged and making a valuable impact with their community service. Along with expanding our definition of civic engagement, the initiative also will tap the wealth of knowledge in our elders, including the emerging wave of Baby Boomer retirees. A partnership of lifelong learning with volunteering promotes individual growth and a sense of purpose and meaningful contribution, whether the volunteer is working on developing new skills to meet an urgent community need or to improve personal employability.

The Senior Community Service Employment Program (SCSEP) is a paid community service and work based training program for income eligible job seekers age 55-plus. The only Labor funded program authorized by the [Older Americans Act](#), SCSEP provides service-based training at local non-profit and public organizations. Each SCSEP participant

Ashland County Council on Aging Continued

provides an average of 20 community service hours per week to prepare for unsubsidized opportunities with our employer network.

Employers, non-profit organizations and job seekers are encouraged to connect with the SCSEP provider serving your county.

Job seekers also may determine their eligibility by applying online through the Ohio Benefit BankTM.

The SCSEP Team

The Ohio Department of Aging, along with the Governor's Office of Workforce Transformation, Ohio Department of Job and Family Services, Ohio Board of Regents, Ohio Development Services Agency, SCSEP providers, and local workforce and aging network partners work together to ensure that older individuals receive workforce training and community supports to prepare them to reenter and advance in the labor market and become a workforce solution for employers.

In March 2016, Ohio submitted a single, combined plan to the federal government for the state's largest workforce programs (Workforce Innovation and Opportunity Act (WIOA), Adult Basis and Literacy Education (ABLE), Carl D.

Perkins Career and Technical Education Improvement Act, Wagner Peyser Act and the Senior Community Service Employments Program. Ohio's Unified Workforce Plan will improve outcomes for students, adults and employers by better coordinating local workforce administrators, caseworkers and educators.

The Ohio SCSEP is funded at approximately \$18.1 million, providing 1,907 authorized SCSEP positions for the current program year (2015). Provider funding is allocated by a formula: 20 percent of funds are allocated to the state, and 80 percent to national organizations that compete to provide services at the county level. National providers in Ohio include:

- AARP Foundation, Work Search
- Goodwill Easter Seals Miami Valley
- Experience Works, Inc.
- Mature Services, Inc.
- National Caucus and Center on Black Aged, Inc.
- Senior Service America, Inc.

Ashland County Council on Aging Continued

Program Outcomes

Federal guidelines give priority to participants who are veterans, spouses of veterans, those over 65, minorities and those with limited English or literacy. During the last program year (ending June 30, 2015), 2,671 participants provided 1,395,177 hours of community service and enjoyed a 51 percent entered employment rate. The number served included these target populations:

- Individuals at or below the poverty level: 2,417
- Veterans: 336
- People with disabilities: 536
- Individuals residing in rural areas: 609
- Individuals who were homeless or at risk of homelessness: 1,331

Eligibility

To qualify for SCSEP, participants must be 55 or older, unemployed, residents of Ohio and income-eligible. The combined incomes of all family members must not exceed the following:

2016 Poverty Guidelines (125 percent)	
Family Size	Maximum Income*
1	\$14,850
2	20,025
3	25,200
4	30,375
5	35,550
6	40,725
7	45,913
8	51,113
For families of more than eight, add \$5,200 for each additional person.	
* Not all income applies - call for details.	

Ashland County Job and Family Services

15 West Fourth Street

Ashland, OH 44805

419-282-5000

Hours of Business:

Monday – Friday 7:30 am – 4:30 pm

CHILD CARE

Child care services are available for qualified parents or families of children being cared for in certified homes and licensed child care centers. The Ohio Department of Job and Family Services issues regulations to govern the program. If you are employed or attending an accredited school and your income is below 200% of poverty level, you may qualify for subsidized child care. Please contact the Ashland County Department of Job & Family Services at (419) 282-5000 or toll free at 1-800-589-8141 and ask to speak with the Child Care worker.

In order to determine if you qualify for child care services, complete the application and submit verification of all the income your family receives. The form with income verification may be faxed to 419-282-5010, or mailed to Ashland County Department of Job & Family Services, 15 W. Fourth St., Ashland, OH 44805.

It can take up to 30 days to process an application.

DISABILITY FINANCIAL ASSISTANCE

Ohio's Disability Financial Assistance Program is a safety net for needy individuals who do not meet all of the eligibility requirements necessary to receive help from other federal and state benefit programs, such as Supplement Security Income and Ohio Works First. Eligibility is determined by county department of job and family services based on Ohio Administrative Code rules.

Disability Medical Assistance is available for those who are certified as medication dependent by a licensed physician. This program will end October 31, 2009. Only individuals that were receiving this benefit at the time of the suspension remain eligible.

How to apply

To apply for Disability Financial Assistance, an application and interview need to be completed or stop by our agency, 15 W. Fourth Street, Ashland, Ohio, during our regular business hours-Monday - Friday 7:30 a.m. to 4:30 p.m. Or you can call 419-282-5000 to get more information or to ask questions.

Ashland County job and family services - Continued

FOOD ASSISTANCE PROGRAM

The Food Assistance Program is designed to raise nutritional levels, to expand buying power, and to safeguard the health and well-being of individuals in low income households in Ohio.

Eligibility

A household may consist of an individual or a group of individuals who live together and usually purchase, prepare and eat their food together.

A person may qualify for benefits if the household's gross monthly income (before taxes) is within 130% of the federal poverty guidelines. Food Assistance Program benefits can be used to buy most food or food products intended for human consumption.

You can file an application:

in person at our agency during regular business hours

by mailing in a completed application

by faxing a completed application

Food Assistance Application

What to bring to your appointment:

Proof of the last 30 days of income for everyone in your home to include pay stubs, child support, SSI, Social Security, etc.

Identification

Social Security Cards

Verification of household costs such as rent, utilities, mortgage payments

Employment Verification Form

We are required to determine eligibility within 30 days of your application.

Ashland County job and family services - Continued

HEALTHCHEK

Healthchek provides health care services through Ohio's Medicaid program. These services help Ohio's children get the care they need before a treatable illness becomes serious. Healthchek helps all children, teens and young adults from birth through age 20 who are eligible for Medicaid.

Prevention services

A medical health history

A complete exam

A developmental screening

A nutritional screening

A vision check

A hearing check

A review of the child's immunization history

A dental screening

A lead poisoning test, depending on the age of the child

A test for anemia and sickle cell anemia

A tuberculin (TB) test

A urine test

A sexually transmitted disease (STD) test

Health education

Behavioral health and other rehabilitative services

How to qualify

Must be eligible for Medicaid

If not currently, enroll in Medicaid

Call 419-282-5071 for more information or questions

Ashland County job and family services - Continued

KINSHIP INCENTIVE PROGRAM

The Ohio Department of Job and Family Services today announced the launch of a new program to support relatives who are caring for minor children.

Beginning on January 1, 2006 the Kinship Permanency Incentive program will provide financial support for minor children in the legal and physical custody of grandparents, relatives, or other "kinship caregivers." Kinship caregivers are defined in Ohio law as any relative or non-relative adult who has legal custody or legal guardianship and meet the criteria listed below.

The program provides time-limited incentive payments to families. Families receive an initial payment of \$525 per child to defray the costs of the initial placement, and may receive \$300 every six months up to a maximum of \$2,625 per child to support stability in the home, provided the family continues to meet eligibility requirements.

To apply, eligible kinship caregivers need to fill out an application at their local public children services agency. To be eligible, all of the following criteria must be met:

A court adjudicated the child as abused, neglected, dependent, or unruly.

On July 1, 2005 or thereafter, a court determined that it was in the child's best interest to be in the legal custody or in the legal guardianship of the kinship caregiver(s).

The child meets the KPI definition of special need identified in administrative rule.

The placement was approved by the public children services agency or private child placing agency.

The gross income of the kinship caregiver's household with the child, does not exceed 300% of the federal poverty guideline excluding Ohio Works First payments (family size of 2=\$47,790; 3=\$60,270; 4=\$72,750).

The kinship caregiver(s) is a resident of the State of Ohio.

The child currently resides with the kinship caregiver(s).

In addition, kinship families are eligible for child only TANF benefits or childcare through the Early Learning Initiative.

Ashland County job and family services - Continued

MEDICAID

Medicaid is a state and federally funded health care coverage plan providing assistance to certain low-income and medically vulnerable people. The state cannot limit the number of eligible persons enrolled in Medicaid.

Medicaid provides health care coverage to people who meet certain financial requirements. Those covered include families, children up to age 19, aged, blind or disabled adults 65 and older.

To learn more please visit <http://medicaid.ohio.gov/>.

MEDICAID- AGED, BLIND, DISABLED

What is Medicaid?

Medicaid is a state and federally funded health care coverage plan providing assistance to certain low-income and medically vulnerable people. The state cannot limit the number of eligible persons enrolled in Medicaid or deny access to medically necessary services in order to control costs. Medicaid for the Aged, Blind or Disabled is available to certain Ohioans who are aged, blind or have a disability as determined by the Social Security Administration. They must meet established financial guidelines in order to be eligible.

What is covered?

Prescription drugs (unless covered by Medicare)

Home care

Doctor visits

Hospital care

Laboratory and X-rays

Medical equipment and supplies

Dental care

Mental health

Vision services

Alcohol and drug rehabilitation

Other services...

Eligibility

Eligibility is based on monthly income and resources.

Ashland County job and family services - Continued

How do I apply?

To apply for ABD Medicaid, an application and an interview need to be completed. Use the download link below or stop by our agency, 15 W. Fourth St. Ashland, Ohio, during our regular business hours- Monday - Friday 7:30 a.m. to 4:30 p.m. Or you can call 419-282-5000 to get more information or to ask questions.

Medicaid ABD Application

Spenddown

If you are aged, blind or disabled and your income is over the Medicaid need standard, you may be eligible for Medicaid under the Spenddown category. The amount of income that you are over the Medicaid need standard becomes your Spenddown amount. This is the amount you are responsible for incurring in medical expenses each month before you become Medicaid eligible.

Medicare Premium Assistance

Ohioans who are on Medicare may be able to receive Medicaid assistance to pay for all or some of the Medicare premiums and/or coinsurance and deductibles.

Eligibility

Eligibility is based on monthly income and resources.

How do I apply?

To apply for QMB/SLMB click the following link for an application. [7103 Application](#) There is no need for a face to face interview. You will be asked to send in proof of your income and resources along with your completed application. You can also stop by our agency at 15 W. Fourth St. Ashland, Oh, during our regular business hours- Monday - Friday 7:30 a.m. to 4:30 p.m. You can call 419-282-5000 to get more information or to ask questions.

Ashland County job and family services - Continued

NON-EMERGENCY TRANSPORTATION SERVICES (NET)

Transportation is available to those who qualify for medical and counseling appointments. The Non Emergency Transportation program is designed to increase access to medical appointments. Consumers can access NET through phone calls, mail or walk in during our regular business hours, Monday - Friday 7:30 a.m. to 4:30 p.m.

Who is eligible?

Consumers residing in Ashland County who are in current receipt of Medicaid.

Consumers attending a Medicaid-reimbursable medical appointment.

Services available

If you are part of a Managed Care Plan, they may be able to provide those services for you:

Caresource- 1-888-288-7050

Buckeye- 1-866-246-4358

Unison- 1-800-895-2017

If your Managed Care Plan cannot provide the Non Emergency Transportation services that you need, please call our agency at 419-282-5064 and we will assist you in getting the services that you need. We have two full-time drivers to provide transportation. We also contract with our local transit systems.

How to get services

Contact our office at 419-282-5064

Please try to allow 5 working days prior to the scheduled appointment

When you call to schedule transportation services, please have the following available:

Doctor's full name

Doctor's address

Doctor's phone number

Appointment date and time

Your social security number

Ashland County job and family services - Continued

NURSING HOME AND LONG-TERM CARE MEDICAID

When applying for institutional care through Medicaid, applicants will need to show proof of income, resources, disability, U.S. Citizenship, and other health insurance. Individuals must also meet Transfer of Resources provisions. Once it is determined that financial requirements are met, a level of care assessment will be conducted to identify the appropriate type of long-term care Medicaid will provide.

Once the care needs of the individual is determined, an additional computation is completed to establish how much of their income will be applied to the cost of the institution. This is called the Patient Liability.

OHIO WORKS FIRST

Ohio Works First was established to provide time-limited cash assistance to eligible families through Ohio's Temporary Assistance to Needy Families program which emphasizes employment, personal responsibility and self-sufficiency. Applications are completed and processed at county departments of job and family services. Cash assistance is provided to eligible families for up to 36 months. For child-only cases, there are no time-limits for cash assistance.

In order to be eligible for OWF, a household must include the following:

A minor child or a pregnant woman at least 6 months pregnant

A child residing with a parent, specified relative, legal guardian or legal custodian

Unmarried minor parents and pregnant minors must be in an approved adult-supervised living arrangement

Adults and minor heads-of-household who apply for or receive benefits must sign a self-sufficiency contract and may be required to participate in a work activity to receive OWF. Failure to comply with the contract without good cause, can result in sanctions affecting the entire family.

You can file an application:

in person at our agency during regular business hours

by mailing or faxing a completed application

Ashland County job and family services - Continued

[Ohio Works First Application](#)

Ashland County job and family services - Continued

What to bring to your appointment:

Proof of the last 30 days of income for everyone in your home to include pay stubs, child support, SSI, Social Security, etc.

Identification

Social Security Cards

Birth Certificates

We are required to determine eligibility within 30 days of your application.

PREGNANCY RELATED SERVICES PRS

The Pregnancy Related Services Program monitors the medical care of pregnant Medicaid recipients and arranges for any services needed to have a healthy, successful pregnancy.

Benefits:

Extensive individual counseling and education

Care coordination

Group education

Nutrition intervention

Pre-delivery visits to a pediatrician

Transportation to Medicaid reimbursed services

Case management

Support services necessary to help insure a healthy successful pregnancy

Who can Qualify?

Pregnant women enrolled in Medicaid

Contact information

Call 419-282-5071 for more information or questions or stop by the agency during our regular business hours

Ashland County job and family services - Continued

PREVENTION, RETENTION AND CONTINGENCY (PRC)

The Prevention, Retention and Contingency (PRC) program was established to help families overcome immediate barriers to self-sufficiency. It is part of Ohio's Temporary Assistance to Needy Families program. Benefits and services are for needy and low-income employed families who need short-term help to support a family during a crisis or episode of need.

Eligibility

Available to families with a minor child or a pregnant woman

One household member must be working 25 hours per week minimum during the budget period

A resident of Ashland County with the intent to remain

Income must be at or below 200% of the Federal Poverty level guidelines

Providing the assistance will allow the family to maintain self-sufficiency without further agency help

What can be covered?

Clothing (for work)

Shelter

Relocation

Disaster Assistance

Transportation

Utility Assistance

Head Lice/Pest Eradication Program

Limits

\$1,200 per household per 12-month period

Apply in person at the Ashland County Department of Job & Family Services or call (419) 282-5000 or toll free at 1-800-589-8141 and request an application be sent to you.

Ashland County job and family services - Continued

PROJECT COMFORT

Provides one time help with heating costs in the amount of \$300, payable by voucher to the heating provider.

The program will be available from February 1, 2016 through the close of business on April 30, 2016.

Assistance is provided for families with a minor child.

A completed application, verification of entire household income for the last 30 days, and a heating bill is required. If all the information is not provided, your application will be denied.

No face-to-face interview.

Project Comfort Financial Eligibility Guidelines

Assistance Group Size	Assistance Group Income (past 30 days)
1	\$ 1962
2	\$ 2655
3	\$ 3349
4	\$ 4042
5	\$ 4735
6	\$ 5429
7	\$ 6122
8	\$ 6815

Families must be responsible for heating costs in their own home or rental unit. Proof of responsibility is needed if bill is not in the applicant's name.

Qualifying heat sources are wood, heating oil, propane, coal, gas, electric, or fuel pellets.

Participation or eligibility in HEAP is not required.

Although the program is PRC funded, the payment from Project Comfort will not be counted against the \$1,200 PRC limit.

If you are interested in applying for project comfort, you can submit an application by mail, fax, or at the agency.

Ashland County job and family services - Continued

WAIVER PROGRAMS

Medicaid Home and Community Based Services Waivers are programs of in-home and community care that help certain Medicaid consumers stay at home instead of in a nursing home, hospital or institution for people with mental retardation and/or development disabilities.

Each Medicaid waiver offers different services. Some services available through the waivers are:

Homemaker/Personal Care

Nursing Care

Home Delivered Meals

Respite Care

Adult Day Care

Out of Home Respite

Supported Employment Services

Environmental Accessibility & Adaptations

Supplement Adaptive/Assistance Devices

Emergency Response Systems

Supplemental Transportation

Ashland County job and family services - Continued

CHILD PROTECTIVE SERVICES

As a Public Children Services Agency, the Ashland County Department of Job and Family Services is required to receive reports of child abuse and neglect, and to investigate those reports in a timely manner. When necessary, ACDJFS works with families to identify services and develop a case plan that reduces the risk of future abuse or neglect.

In most cases where a need for services has been identified, ACDJFS provides services to the child and family while the child remains in the home. However, there are instances when the child cannot remain safely in the home and it becomes necessary for ACDJFS to work with the Ashland County Common Pleas Juvenile Court to remove the child from the situation. When the child is placed outside of the home, ACDJFS must develop a plan detailing the activities that must occur to ensure that the child is able to return home safely. If that is not possible, the plan will identify an alternative safe, stable, permanent living environment.

RECOGNIZING CHILD ABUSE

Physical Abuse

A non-accidental injury to a child by a parent or caretaker.
How do I recognize it?

Frequent and unexplained bruises, burns, cuts, injuries.

Bite marks.

Fractures in unusual places.

Discoloration of skin.

High incidence of accidents or frequent injuries.

Swellings to face and extremities.

Family or Parental Indicators

Parents were abused as children themselves, were raised in homes where excessive punishment was the norm, and use harsh discipline on own children.

History of alcohol or drug abuse.

Are easily upset, have a low tolerance for frustration.

Social isolation, no supporting network of relatives or friends.

See child as bad or evil.

Little or no interest in child's well-being.

Ashland County job and family services - Continued

Constantly criticize and have inappropriate expectations of child.

Take child to different physicians or hospitals for each injury.

Many personal and marital problems.

Economic stress.

Behavioral Indicators

Wary of contact with parents or other adults.

Reports injury by parents (sometimes blames self, e.g., "I was bad").

Afraid to go home, repeated incidents of running away.

Self-injurious behaviors.

Low self-esteem.

Gives inconsistent versions about occurrence of injuries, burns, etc.

Often late or absent from school.

Overly compliant, withdrawn, gives in readily and allows others to do for him/her without protest.

Aggressiveness, withdrawal, or extreme mood changes.

Wears clothing to purposely conceal injury, i.e. long sleeves.

Comes early to school, seems reluctant to go home.

Complains of pain upon movement or contact.

Neglect

A parent or caretaker's failure to give the child food, clothing, hygiene, medical care and supervision.

How do I recognize it?

Failure to thrive (physically or emotionally). Positive indicator of toxicology, esp. in newborns; drug withdrawal symptoms, etc.

Speech disorders.

Consistent lack of supervision, especially in dangerous activities or for long periods.

Unattended physical problems or medical needs.

Chronic truancy.

Consistent hunger, poor hygiene.

Ashland County job and family services - Continued

Inappropriate dress for the season.

Behavioral Indicators

Begging, stealing food.

Constant fatigue, listlessness, falling asleep in class.

Delinquency.

Extended stays at school.

States that there is no caretaker.

Emotional Maltreatment

Includes severe rejection, humiliation, and actions intended to produce fear or extreme guilt in a child.

How do I recognize it?

A parent verbally terrorizes the child, who continually and severely criticizes the child, or fails to express any affection.

Behavioral Indicators

Habit disorder (e.g. sucking, biting, rocking).

Conduct disorder (e.g. antisocial, destructive).

Neurotic traits (e.g. sleep disorders, inhibition of play).

Psychoneurotic reactions (e.g. hysteria, obsession).

Behavior extremes, compliant/passive aggressive.

Overly adaptive behavior, adult-like or infantile.

Sexual Abuse

Child sexual abuse is any forced or tricked sexual contact by an adult or older child with a child. Usually the adult or older child is in a position of power or authority over the child. Physical force is generally not used, since there is usually a trusting relationship between the adult or older child and the child who is abused.

Ranges from offenses such as promoting prostitution, to fondling, intercourse, or using the child for pornographic materials.

Ashland County job and family services - Continued

How do I recognize it?

Sexual behavior way beyond what is expected for the child's age.

Sudden, unusual difficulty with toilet habits.

Pain, itching, bruises, bleeding in the genital area.

Venereal disease.

Pregnancy in (young) adolescents.

Behavioral Indicators

Withdrawal, fantasy or infantile behavior.

Bizarre, sophisticated or unusual sexual behavior.

Extreme fear of being touched.

Forcing sexual acts on other children.

Delinquent, runaway or truancy.

Reports sexual assault by caretaker.

Prostitution.

Self-injurious behaviors.

Suicide attempts.

Fear of a particular person, place or thing.

Poor relationship with peers.

Aggressive behavior towards younger children.

Eating disorders.

REPORTING CHILD ABUSE

How do I report, if I suspect a child is being abused or neglected?

A report can be made by telephone, in person or writing to ACDJFS. When you call, you will talk to a screener who will ask you questions about the situation that concerns you. These questions will cover such things as the child's and parent's names, address, and what it is that makes you suspect the child is abused or neglected. It would be helpful that you provide as much information about other people who may live with the child. Although it is helpful that you provide as much information as you can, you should not hesitate to report if you do not have all of the information.

Ashland County job and family services - Continued

Why should I make a report?

Because it shouldn't hurt to be a child.

What happens after a report is made?

The reason to make a report is to get help for the child and the family. ACDJFS will investigate and take needed action to protect the child and to help the parent solve problems, which are leading to abuse or neglect.

Will the child be taken away from the home if I report?

Only if the child is in imminent danger will she or he be taken into "protective custody". Removing the child from the home is not a routine or usual occurrence. Unless the child is in serious danger, the goal is to keep the family together.

Then what does happen?

The agency must determine whether the reported suspicion is "indicated", "substantiated" or "unsubstantiated," within 45 days. "Substantiated" means there is evidence that the children have been abused or neglected. If the case is "substantiated", ACDJFS will recommend a plan for the family, to protect the child and to help the parents solve problems, which are leading to abuse or neglect.

Must I be certain? What if I make a mistake?

You need to have a reasonable suspicion of child abuse, not to prove it or be absolutely certain. You might be mistaken, but it is better to err on the side of the child. Not reporting your suspicions may mean that abuse will continue. If you make a report in good faith, you are immune from civil or criminal liability.

Will my name be confidential? Do I have to give my name?

Reports may be made anonymously. Although you don't have to give your name, we recommend that you do. The caseworker who will investigate the situation is not the same person that takes your report. The caseworker may want to talk to you, for additional information or clarification. Giving your name will assure that the worker can contact you, and that important information will not be forgotten or lost. Your name will be kept confidential. By law, the agency may not release identifying information about the person who made the report to the family who was reported.

Ashland County job and family services - Continued

How will I know what happens after I make a report?

You may never know, except by seeing changes in the child and the family. Ohio state laws require the agency to work under strict confidentiality rules, for the protection of everybody involved. The workers cannot share information about the report.

What else can I do if I think that a parent I know is abusing or neglecting a child?

You can let the parent know that you are concerned about her or him. Realize the parent may be under stress, feeling lonely and isolated or inadequate as a parent. Offer your support. Encourage the parent to seek help.

ADULT PROTECTIVE SERVICES

The Ashland County Department of Job and Family Services provides Adult Protective Services to the elderly who are in danger of harm, unable to protect themselves, and/or have no one else to assist them.

We are mandated to investigate and evaluate all reports of suspected abuse, neglect, and exploitation of vulnerable adults age 60 and over.

Investigations of reports alleging abuse, neglect and exploitation are mandated to be initiated within 24 hours, if any emergency exists, or within 3 working days after the report is received.

Upon completion of the investigation, the department will determine whether or not the adult, who is the subject of the investigation, is in need of protective services.

Social, medical, and mental health care professionals are mandated by law to immediately report suspected abuse, neglect (including self-neglect), or exploitation to the County Departments of Job and Family Services. Other mandated reporters include attorneys, peace officers, senior service providers, coroners, clergymen and professional counselors.

Ashland County Veterans Commission

110 Cottage Street

Ashland, Ohio 44805

Phone: 419-282-4225

Email: veterans@ashlandcounty.org

Services

The services that the Ashland County Veterans Service Commission provide fall under two divisions in our office, Financial Assistance Division and Services Division.

The Financial Assistance Division of the Veterans Service Commission provides Basic Living Needs to eligible veterans, family members, and widows on a short term emergency assistance basis. These include:

Rent/Mortgage Interest

Groceries, Household Supplies

Utilities (Water, Gas, Fuel Oil, Propane & Electric)

Transportation to VA Medical Centers, VA out-patient clinics and Ohio Veterans Home for veterans.

The Services Division provides assistance to veterans who are dealing with the Department of Veterans Affairs.

These include:

Assisting veterans, dependents, and surviving family members who are applying for DVA benefits.

Preparation of forms and paper work.

Documentation of claims and pertinent data.

Proper submission of claims to DVA and follow-up

Grave Markers

Eligibility Requirements

In order to be eligible for the services that the Ashland County Veterans Service Commission provides you must meet the following criteria as prescribed by state law:

Served in the armed forces of the United States on active military duty and was discharged from the service under honorable conditions, and who either served on active duty for reasons other than training or while serving on active duty for training, incurred a disability recognized by the Department of Veterans Affairs or Department of Defense as service-connected.

Ashland Parenting Plus

Catherine Swope, ED
1763 St. Rt. 60
Ashland OH 44805
419-281-3788
catherine@parentingplus.org
419-289-9412
Sue Seiter
Sue@parentingplus.org

Parent Education

Individual parent education is available for anyone in Ashland County wanting to increase their knowledge or parenting skills. Parent education focuses on topics such as parenting styles, child development, communication, discipline, and building self-esteem in children. These sessions are conducted in the home, at APP, or in other community settings. Fees are based on household income and family size. APP sometimes conducts group educational sessions in local community settings as needed. Additional funding is available through specialized funding from the **Ashland County Department of Job and Family Services**, the **Ashland County Mental Health and Recovery Board**, and the **Ashland County United Way**. For more information or to request parent education, call **(419) 281-3788** or [email](#).

Divorcing Parents

This program is **mandated by the Domestic Relations Court** for any couple with children who is divorcing in Ashland County. Sessions are for 3 hours and are conducted twice a month at APP: 6-9pm on the second Tuesday of the month and 9am-12pm on the third Saturday of the month. Please call **(419) 281-3788** or [email](#) for more information or to sign up for one of these sessions. Cost is \$40 per session.

Ashland Parenting Plus continued

Juvenile Diversion

Juvenile Diversion is a Mentoring Program administered by APP in cooperation with the Ashland County Prosecutor's Office and Ashland County Juvenile Court. The outcomes of the program encompass these components:

- reducing truancy
- developing positive peer relationships by group activities
- programs and educational sessions for parents of adolescents
- developing youth assets through programs like community service and involvement in positive, community-based activities
- intervention methods specifically aimed at keeping the family unit safely intact

Participants may work through the **Power Source book/curriculum/program** to help them identify their strengths and take control over their lives while increasing their understanding of the emotions and beliefs driving their high-risk and offending behavior.

Individual Mentors: Jennifer Grissinger Spencer Dolezal Tom Roepke

Groups Mentors: Cameron Johnson Jennifer Barlow

For referrals, please complete **referral form** return to our offices via email or fax (419) 289-9412.

Teenage Pregnancy Prevention

Empowerment Groups

Ashland Parenting Plus provides small group education for teens regarding sexuality, reproductive biology, relationships, communication, career information, budgeting, and high risk behaviors. These groups meet in high schools and middle schools throughout Ashland County for most of the school year, as well as supportive mentoring throughout the summer. These groups are funded through a grant from the **Ashland County Department of Job and Family Services** as well as **Ashland County United Way**.

For more information, contact the director or your school's guidance counselor. You can also find more information about teen pregnancy prevention at www.teenpregnancy.org.

In-School Pregnancy Prevention Presentations

APP provides one- or two-day presentations focused on reproductive biology, high risk behavior, contraception, STDs, and the costs and consequences of teen sexual activity and pregnancy. Funding for these presentations is through the **Ashland County United Way** and participating school districts.

To arrange for a presentation, contact the director at (419) 281-3788 or via email.

Ashland Pregnancy Center

119 Sloan Avenue

Ashland, Ohio 44805

Call Us: (419) 281-1111

24/7 Hotline: (800) 712-4357

Hours & Appointments:

To value your time, appointments are preferred, but walk-ins are welcome.

Ultrasounds are by appointment only.

Monday: 10am - 6pm

Tuesday: 10am - 6pm

Wednesday: Closed

Thursday: 10am - 6pm

Friday: Closed

Your First Choice

...for an unplanned pregnancy

We care. Let Us Help.

- Free and confidential services
- Safe atmosphere
- Trained staff and volunteers
- Referrals to area agencies and physicians
- Educational Programs

The decisions you make today will impact your tomorrows.

Associated Charities

21 South Street
Ashland, Ohio 44805
Phone: (419)-281-6061
Fax: (419) 207-0277
Open Monday - Friday
9 am to 4 pm

Associated Charities provides temporary, short-term assistance to the residents of Ashland County. Other public and private social agencies, as well as churches, refer persons to this office when other assistance is not yet available or while paperwork is being completed to qualify at other agencies. The amount of assistance for the client is limited under policies established by the Associated Charities Board.

Assistance offered at Associated Charities includes the following:

Rent / Mortgage Assistance

Utility Assistance (must be termination notice)

Medication Assistance

Clothing and coats

Household Items

Food and Taxable Items

To qualify for FINANCIAL ASSISTANCE, you must:

Show proof of the last (4) weeks income for the entire household

Show proof as to where that money was spent

Have a valid picture id or driver's license

Be a resident of Ashland County for 90 days to receive any financial assistance.

To receive FOOD ASSISTANCE, you must:

Show proof of income for the past (1) week for the entire household

Show proof as to where the money was spent

Have a valid picture ID or driver's license

Be a current resident of Ashland County

**Catalyst Life Services
(The Rehab Center)**

Veronica Groff, Pres. & CEO
Trish Tarr(assistant)
270 Sterkel Blvd.
Mansfield OH 44907
419-774-6705
veronica@catalystlifeservices.org
419-774-5955
tarr@catalystlifeservices.org

Catalyst Life Services Available

We are a private non-profit outpatient center providing comprehensive services to adults and children. Catalyst Life Services is a collaboration of The Center for Individual & Family Services and The Rehabilitation Service of North of Central Ohio. The combined agencies date back to as early as 1953. The goals of the organization include:

- Rehabilitation of the Person's Body, Mind and Spirit
- Crisis Intervention and Prevention
- Transitional and Residential Programming
- Communication Services such as Audiology and Deaf and Hard-of-Hearing Support
- Vocational Rehabilitation and Training

CHIP Program, Ashland County

Community Housing Improvement Program (CHIP)

The Community Housing Improvement Program, better known as C.H.I.P, is a government grant established for communities offering low to moderate income households help with their home improvements.

We offer the following programs:

Owner Rehabilitation Program (up to \$30,000)

The purpose of this program is to rehabilitate a one-family housing unit, which are owned and occupied by low and moderate-income households.

Eligible items for this program include: installation and/or repairs to foundations, roofs, gutters, electrical upgrades, plumbing, furnaces, hot water heaters, insulation, windows, doors, siding, accessibility improvements and lead-based paint abatement.

Home Repair (up to \$8,000)

The purpose of this program is to provide home repairs to one-family housing units, which are owned and occupied by low and moderate-income households.

Eligible items for this program include: emergency repairs, handicapped accessibility, tap-ins, well and septic repairs or replacements, and lead-based paint abatement.

Who is eligible?

Any household residing in a single family dwelling, whose total income of all wage earners (18 years or older) must be less than the income guidelines listed below and they must reside in the County or the City of Ashland.

Are there income limits?

Yes, there are income limits (HUD FY 2010 limits effective 05/14/2010):

Household Members	Low Income Guidelines (Homebuyer & Owner Rehab Em./Home Repair)
1 person	\$ 32,300
2 people	\$ 36,900
3 people	\$ 41,500
4 people	\$ 46,100
5 people	\$ 49,800
6 people	\$ 53,500
7 people	\$ 57,200
8 people	\$ 60,900

What about my assets?

Applicants whose total net assets equal an amount greater than \$100,000 are not eligible. Items considered net assets include but are not limited to: inheritances, personal valuables, collectables, and payments for mineral rights.

How can I apply?

If you have any questions about the programs outlined here, please contact Molly Harland from the Ashland City/County CHIP Office at (419) 282-4215 or The Ohio Regional Development Corp. at (740) 622-0529. Our office will make every effort to assist you.

Helping Hand

Gene Heller

P. O. Box 274, Loudonville, OH 44842

(419) 994-4280

Helping Hand is a community support group that supports financially-distressed residents of the Loudonville-Perrysville area exclusively, providing food items, medical, housing and other monetary assistance. They are available to meet with people on Tuesdays from 2 to 5 pm in the Loudonville Youth Building, lower level. Parking is available in the rear. Last year, people, received groceries, gas, rent, utilities, medicine, shoes and boots to fight hunger and poverty.

Hospice of North Central Ohio

Linda Hickey, Director

1050 Dauch Dr., Ashland, OH 44805

Toll Free: (800) 952-2207

(419) 281-7107

www.myhnco.org

Hospice of North Central Ohio provides end-of-life services and grief support to Ashland, Richland, Crawford and Huron counties. A comprehensive team of medical directors, nurses, social workers, home health aides, volunteers and other professionals care for patients and their families. Services are provided in the home, nursing home, or assisted living facility. Hospice of North Central Ohio services are covered by Medicare Part A, Medicaid and most medical insurances, however, no one is turned away due to inability to pay. Grief services are offered at no cost thanks to generous contributions.

Kidney Foundation of Ohio

Mike Needham, CEO

Kelly Dowling

2831 Prospect Ave. E

Cleveland OH 44115

216-771-2700

mneedham@kfohio.org

216-771-2704

kdowling@kfohio.org

Kroc Center

Address: 527 E Liberty St
Ashland, OH 44805
Phone: (419) 281-8001

Social Services Office

Monday-Friday, 9AM-3PM

Sarah Fairchild, Social Services Coordinator

Jennifer Crossen, Emergency Assistance Case Manager

Leeann Rieck, Food Pantry Coordinator

THE SOCIAL SERVICE MINISTRY provides a compassionate and realistic response to families and individuals in crisis. Persons applying need to be below 200% of the federal poverty guideline (approx. \$48,500 for a family of four).

PERSONS APPLYING ARE ASKED TO BRING photo ID, Social Security numbers for each family member, proof of household income and proof of address. Applicants for assistance must be residents of Ashland County.

Each head of household must complete and sign an intake form.

During the one-on-one interview with the emergency assistance case manager, solutions to the underlying cause of the crisis are addressed through referrals and advocacy. It is our goal to achieve long-term solutions to problems in order to enhance family stability.

Community Meals

Monday-Friday, 11:15-11:45AM

Available at no charge for those in need. All are welcome. Donations are accepted.

Food Pantry

Mondays, 1:30-4PM

Tuesday-Friday, 10AM-4PM (Closed 12:30-1:30PM)

The Food Pantry is located in the Annex across from the main building.

Please bring identification (driver's license or birth certificate) for all household members and a piece of current mail proving residency (no junk mail). You can receive assistance up to twice a month. If your need is greater than twice a month, please come to the Social Services Office in the main building, and your situation will be reviewed.

Safe Haven

Cynthia Hudnut, Coordinator
c/o Appleseed Community Mental Health
2233 Rocky Lane, Ashland, OH 44805
(419) 281-3716

www.appleseedmentalhealth.com/safe-haven

The Rape Crisis Domestic Violence Safe Haven program provides the 24-hour county-wide support-line providing free of charge support and advocacy those who have experienced sexual, physical, verbal, emotional or other forms of interpersonal violence and education and prevention awareness programs regarding sexual assault, interpersonal violence and relationships issues to students and the community at-large.

St. Vincent de Paul Society

Non-Profit Organization
Address: 147 Pleasant St, Ashland, OH 44805
Phone:(419) 281-1195

YMCA

Address: 207 Miller St, Ashland, OH 44805

Phone:[\(419\) 289-0626](tel:(419)289-0626)

FACILITY HOURS

Monday-Thursday	5:15 am – 8:30 pm
Friday	5:15 am – 7:00 pm
Saturday	7:00 am – 1:00 pm

CHILD WATCH HOURS

Monday-Friday	8:15 am – 10:00 am
Monday-Thursday	4:45 pm – 7:15 pm
Members: Free	Non-Members: \$3

Low Income Housing

Low Income and Senior Housing

Mill Run Place

1715 Richard Dr
Ashland, OH - 44805
(419) 281-8776

Martin House

625 Center St
Ashland, OH - 44805
(419) 281-6721

Good Shepherd Villa

726 Center St
Ashland, OH - 44805
(419) 289-3523

Low Income Housing

Ashland Village

1509 Cottage Street
Ashland, OH - 44805
614-863-4640

Lincoln Terrace

1126 E. Main St.
Ashland, Ohio 44805
Phone: (419) 289-3296
Fax: (419) 289-6394

Loudon Bluffs

803-a S Mt Vernon Ave
Loudonville, OH - 44842
(740) 622-9801

Windy Acres Assisted Living Apartments

96 Clifton St
New London, OH - 44851
(419) 929-3018

Londontown Apartments

125 Pearl Street
New London, OH - 44851
(419) 929-8302

Pet Friendly Senior Living Communities (Cats, Dogs)

Brookdale Mansfield

1841 Middle Bellville Rd.
Mansfield, OH 44904
(419) 756-5599

Brookdale Wooster

1615 Cleveland Rd.
Wooster, OH 44691
(330) 262-1615

Lutheran Village of Ashland

330 Davis Rd.
Ashland, OH 44805
(419) 281-8403

The Waterford at Mansfield

1296 S Trimble Rd.
Mansfield, OH 44906
(877) 649-1934

Wedgewood Estates

600 S Trimble Rd.
Mansfield, OH 44906
(419) 756-7400

Homeless Shelters

Community Action Commission Kno Ho Co Ashland

1060 Claremont Avenue Ste. 2
Ashland, OH 44805
(740) 393-3545

Services: Provides housing for homeless individuals, couples, and families. Housing is provided in furnished apartments located in a number of different communities. Families will be housed together.

Hours: Monday to Friday 8:00 AM – 4:30 PM for intake. Shelter: 24 hours a day, 7 days a week.

Eligibility: Residents of Ashland, Coshocton, Holmes, and Knox Counties who are homeless. Prioritizes families with children.

Additional Services: Homeless Shelter for Couples, Homeless Shelter for Families, Homeless Shelter for Single Adults

Documents to Bring: Proof of homelessness: agency referral, Red Cross letter, eviction notice, statement for landlord or other people clients had been living with.

Harmony House Homeless Services, Inc.

124 W Third Street
Mansfield, OH 44902
(419) 522-2283

Services: Mission is to provide life-sustaining services to the homeless and empower them to become contributing members of their community.

Mental Health Services

Appleseed Community Mental Health Center

2233 Rocky Lane

Ashland, Ohio 44805

Main Office: 419-281-3716

Crisis Line: 419-289-6111

Rape crisis/Domestic violence: 419-289-8085

Youth Services

Crisis Intervention: This service offers 24-hour response to emergency situations either by phone or depending on the level of intensity, in person

Mental Health Assessment: This service involves a Clinical evaluation provided by a licensed mental health professional in which the necessary information is gathered to define youth or family's concerns and help set goals for treatment. Functioning level, and strengths

Individual and Family Counseling: This service focuses on interactive therapeutic interventions which focus on the treatment needs of the individual and/or family seeking mental health services

Group Counseling: Group counseling is an interactive therapeutic intervention which focus on the treatment needs of the individual seeking mental health services in a group setting

Pharmacological Management Services: This service is provided by a physician trained in psychiatry to use medications and other intervention used to reduce, stabilize or eliminate psychiatric symptoms.

Community Psychiatric Support (Individual and Group): This service is actually an array of services and activities that provide treatment, support and rehabilitation. The emphasis of this service is on nine specific treatment interventions: Assessment of needs, Skill development, linking, symptom monitoring, assistance in crisis management, advocacy, family education, elimination of barriers preventing independent functioning and social integration.

Keeping Families Strong: Program funded by the United Way of Ashland County and Mohican Area Community Fund that allows Appleseed to provide services to needy families

School/Community Liaisons: Collaborative project among the MHRB, Appleseed, and the Schools. Liaisons are a tremendous benefit to the communities we serve. Liaisons are well accepted in the schools and are providing an "identified" needed service. This service is funded by Ashland County Mental Health Levy funds.

Mental Health Services - continued

Appleseed Community Mental Health Center – continued

Adults Mental Health Services

Adults Mental Health Services

Have you ever questioned your mental health?

Have you felt so down or blue or worried so much that it was hard to get through the day?

Do you feel helpless to stop drinking?

Do you have fixed thoughts that are impossible to alter?

Do you have trouble controlling your anger?

Find help along the road to recovery with Appleseed Community Mental Health Center.

You are not alone

One in four American adults has dealt with a mental illness within one year's time.

Around 6.7 percent of adults experience depression.

9.2 million American adults live with an addiction.

Only half of the adults suffering from mental illness get treated.

The success rates for treating mental illness are just as successful as options for treating conditions like heart disease.

Integrated treatment that combines medication, psychotherapy, supported employment, family education and more increases the rate of recovery.

Don't go it alone. If you're an adult suffering with mental illness, change your future with help from the caring professionals at Appleseed Community Mental Health Center.

Mental health recover services

At Appleseed Community Mental Health Center, our caring professionals are invested in your success. We offer the following services and steps to recovery:

Mental Health Assessment: The first step in getting treatment for mental health involves an accurate assessment. Our clinicians will walk you through a thorough evaluation to determine what course of treatment is necessary and will best promote your success. We'll look for areas of concern, set small goals that will move you forward on the recovery road, and get you functioning and able to enjoy life again, while emphasizing the strengths you have and positive things to come out of your growth.

Crisis Intervention: At any time during your treatment should you need immediate access to a counselor, you can call our crisis intervention hotline. Appleseed's caring therapists are available 24 hours a day to respond to emergency situations via phone, and can meet with you in person if necessary.

Mental Health Services - continued

Appleseed Community Mental Health Center – continued

Individual and Family Counseling: Get one-on-one attention from an Appleseed psychiatric professional for help with depression, addiction, and more. Families are encouraged to get counseling together to address how one individual member's mental health issue affects the rest of the family, and to work through treatment options, behavior and recovery.

Group Counseling: An affordable option for individuals seeking therapeutic treatment, group counseling at Appleseed focuses on the individual's needs through group sessions, led by one of our caring counselors.

Pharmacological Management Services: Mental health management begins with effective treatment options through medication. Work with one of our board-certified physicians who is trained in how to use medications to treat psychiatric conditions. Our physicians also work with patients to minimize symptoms, and develop a plan for lifetime medication management.

Community Psychiatric Support (Individual and Group): Get comprehensive support in a community psychiatric setting. Your treatment plan will follow some or all of these steps:

Assess your needs.

Work on developing skills.

Identify other health symptoms or conditions that may be the cause or root of the problem.

Monitor your symptoms.

Get assistance with crisis management.

Use your Appleseed counselor as an advocate in school, work or family settings.

Work with the family to educate them about mental health issues.

Work to eliminate barriers that stop you from functioning independently.

Get help integrating into social situations.

Supported Employment: Mental health often interferes with job skills and maintaining employment. Our caring professionals will work with you to help you gain employment and develop the skills you need to stay employed.

Mental Health Services - continued

Ashland County Council on Alcoholism and Drug Abuse (ACCADA)

ACCADA provides outpatient assessment and treatment services. Prevention Education services are also provided to the community. ACCADA operates a jail program at the county jail. ACCADA is the primary alcohol & drug addiction services contract agency of the MHR Board for Ashland County.

310 College Avenue • Ashland, OH 44805
419-289-7675
419-289-7675

Catholic Charities of Ashland County - Diocese of Cleveland

Catholic Charities is a faith-based organization that provides professional services without regard to a person's personal belief system and is certified by the Ohio Department of Mental Health and Addiction Services to provide treatment and prevention services.

- Outpatient Mental Health Counseling for all ages.
- Early Childhood program includes the following home based services: Early Childhood Counseling-Counseling services for families with young children who are dealing with behavioral or other mental health related struggles. Help Me Grow home visiting - for expectant moms and new families to equip parents to help their child acquire the early building blocks necessary for long term success. Family Support Services - curriculum-based education for successful parenting.

Other prevention programs:

- Ashland Connects to Teens (ACT) mentoring program.
- The Golden Center is a place for seniors to socialize and stay connected to the community.
- Multi-Generational Mentoring Program links seniors with local elementary school children for tutoring and mentoring.
- Service Coordination links families with multiple needs to resources and services in the community.
- Child Assault Prevention (CAP) provides school-based workshops for students, school staff, and concerned community members to teach assault prevention strategies.

For additional information, click the link for their website here ccdocle.org

34 West 2nd Street • Ashland, OH 44805
419-289-1903
419-289-1903

Ashland County Lifeworx

A Consumer Operated Program Challenging and Encouraging Persons Who Find Life Difficult.

The purpose and function of Lifeworx! is to operate a peer support program where adult consumers in Ashland County can receive educational, vocational, recreational, and social supports to implement personal recovery.

Website information pending. Contact Amy Flannigan with additional questions.

221 Church St., Suite 20 • Ashland, OH 44805
419-496-0200
419-496-0200

Mental Health Services - continued

Cornerstone Counseling of Ashland

502 Claremont Avenue
Ashland, Ohio 44805
419-289-1876

Services

We address a number of issues on a regular basis at Cornerstone. Examples of issues we can work on together include:

- Stress
- Anxiety
- Depression
- Phobias, obsessive-compulsive disorder, social anxiety, and panic
- Recovery from recent or past psychological trauma
- Faith-based issues and concerns
- Relationship difficulties
- Problems with self-image, self-confidence, or self-esteem
- Grieving and healing after loss
- Addictions
- Chemical Dependency
- Other

Our counselors have a wide and varied experience base with treating a variety of issues not listed. Please call if you have any questions or concerns. We would appreciate the opportunity to serve you.

Ashland Theological Seminary

Smetzer Counseling Center

910 Center Street
Ashland, Ohio 44805
419-207-5558

Since 2002, Smetzer Counseling Center has provided skilled clinical counseling to individuals seeking assistance in the greater Ashland community.

Smetzer Counseling Center is a unique graduate level training facility operating on the campus of Ashland Theological Seminary. While a primary function of the facility is to serve the community, it also plays an important role in preparing Counselor Trainees for client care. Under the supervision of licensed professionals, counseling students receive education, additional training and support in their role as a Counselor Trainee.

The Smetzer Counseling Center exists to bring comfort to a hurting and heavy-laden world through exceptional counseling from a Christian worldview.

Mental Health Services - continued

SERVICES

Services are applicable to a variety of clientele such as individuals, couples or families. Mental, emotional, relational and spiritual concerns are all commonly worked through. Group sessions to deal with variety of issues, such as stress management, dealing with the holidays and grief support are also available.

WHAT SERVICES ARE AVAILABLE?

Our Counselor Trainees work with individuals, couples and families with emotional, spiritual and relational concerns, all of which can impact mental health and well being.

Support groups and therapy groups are offered for those seeking help for issues such as depression, anxiety, holiday stress, etc. Please call for the dates and times of current group meetings.

WHO PROVIDES THE COUNSELING SERVICES?

Services are provided by Counselor Trainees in the Practicum or Internship phase of their training toward licensure with the state of Ohio. All Counselor Trainees are under the supervision of a Professional Clinical Counselor with supervisory status.

WHAT ARE THE COST OF SERVICES?

A suggested donation of \$25 per session is encouraged but is not required.

CAN YOU BILL MY INSURANCE?

No insurance is required to receive services. Donations in the form of cash and checks are accepted.



HOW TO INTERVIEW AN AGING LOVED ONE

When family comes together to celebrate a holiday or other special occasion, it's the perfect time to ask questions about family history, learn more about aging loved ones and talk about wishes and goals for the future.

As someone who has spent their entire career interviewing others, I've put together the following categories and questions to use as conversation starters and to help uncover unique family information and genealogy. Take the extra step to record the conversation – either in writing or video – to create a family treasure that is bound to be cherished for generations to come.

Birth

1. When/where were you born? Where is your birth certificate?
2. Are there any stories about the day you were born or your early infancy? (rushed to the hospital, premature?)
3. Do you know why you were given the name(s) that you have? (family name?)

(Documents to ask for: Birth Certificate, Footprints, Photos)

Childhood/Family Life

1. Where did you grow up? What was it like there? (big city, small town, rural area?)
2. Why did your parents live in that area? (job, family members lived nearby?)
3. What was your house like? (did you share a bedroom? where did you play?)
4. What was life like when you were growing up? (How did your family make money? Did you go on vacations? Did your parents both work?)
5. What were you like as a child? (sensitive, rambunctious, defiant, class clown?)
6. Did you have any childhood heroes? (athletes, movie stars, world leaders, family?)
7. What were your parents like? (strict, laid back, involved?)
8. Describe any siblings? Were you close? Where are they now?
9. Were you close with your grandparents?
10. Did you have big family holidays?

(Documents to ask for: Family Tree; Vacation, Holiday and Family Photos)

Education/Accomplishments

1. What kind of school did you go to as a child? (what did it look like, how big was it?)
2. What was your favorite subject? (did you have any favorite teachers?)
3. What did you want to be when you grew up?
4. Where did you go to high school?
5. Did you go to college? What was it like?
6. What's the highest honor/award you ever received?

(Documents to ask for: Report Cards, Diplomas, Awards, Photos)

The World When You Were Growing Up

1. What was the world like when you were growing up? (peace, war, recession, who was the president?)
2. What did everyday life look like? (TV, cars, computers, phones, social life)
3. Where were you when...
 - a. President Kennedy was assassinated
 - b. First man landed on the moon
 - c. World War II started/ended
 - d. 9/11

4. How did major news events affect your life and your view of the world?

(Documents to ask for: Newspapers, Magazines, Advertisements, Photos)

Adult Life

1. What was your profession? How did you choose it?
2. What was your day-to-day work life like? (did you walk to work, what was your office like, your boss?)
3. Did you ever serve in the armed forces?
4. How did you and Mom/Dad meet?
5. What was your courtship like? (first date, proposal, engagement, wedding?)
6. What do you admire most about your spouse?
7. Are there any birthdays or milestones that you were most/least excited for?

(Documents to ask for: Marriage/Divorce Certificate, Service Papers, Photos)

Parenthood

1. Tell me your feelings when you found out you were going to be a parent? What was the pregnancy like? Delivery?
2. Why did you choose our names?
3. What was it like raising me and my siblings? (were we easy/difficult?)
4. What were some of your proudest moments as a parent?
5. What are the biggest differences between the way you raised us and the way we raise kids today?

(Documents to ask for: Letters, Awards, Report Cards, Photos)

Our Family's Story

1. What are our best family recipes?
2. Are there any chronic illnesses that we should know about? (what was it? who? what were the ages people got diagnosed?)

-
3. Do we have any famous/infamous family members?
 4. Are there any family scandals that are too good not to tell?!
- (Documents to ask for: Recipe cards, Medical Records, Photos)

About You

1. What accomplishments are you the most proud of?
2. If you had to describe your personality in 3 adjectives, what would they be? (loyal, positive, motivated, apprehensive, timid, talented, persistent)
3. What are your best qualities? Worst?
4. Do you have any favorite sayings or expressions?
5. If you could go back to any age, which would it be and why?
6. If you won \$1 million tomorrow, what would you do with the money?
7. Do you have a philosophy on life? What's your best piece of advice for living?

Today/Tomorrow

1. What kinds of things bring you the most pleasure now?
 2. How have you dealt with the ageing process? What have been the best/worst/hardest parts?
 3. Do you have a bucket list? What's on it?
 4. How do you envision your life in the coming years?
 5. If there comes a time when you can no longer live safely on your own, where would you like to live?
 6. Do you have a:
 - a. Will
 - b. Living Will
 - c. Durable Power of Attorney
 - d. Healthcare Power of Attorney/Health Care Proxy
 - e. DNR/DNI
 - f. Advanced Health Care Directive
 7. Do you have any thoughts about what you want your funeral to be like? (what kind of atmosphere, anything you want said about you?)
 8. What is the one thing you most want people to remember about you?
- (Documents to ask for: Will, Living Will, Power of Attorney, Healthcare Proxy, DNR/DNI)

— *Joan Lunden*

Former host of "Good Morning America"

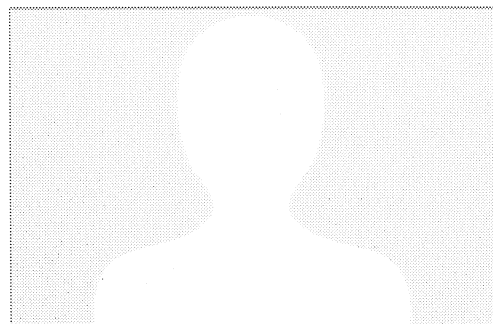
EMERGENCY INFO SHEET



Keep a single record of your loved one's most critical information in one designated place to be prepared in an emergency. Have copies available for other parties who can help.

IDENTIFICATION

Name _____
Address _____
Phone 1 _____ Phone 2 _____
Birth Date ____ / ____ / ____ Sex _____
SSN _____
Drivers License # _____ Passport # _____



EMERGENCY CARE

Emergency Contact Name _____ Emergency Contact Phone _____ Relationship to Person _____
Durable Power of Attorney _____ Phone _____
Insurance Company _____ Insurance ID/Policy # _____ Contact _____

Medical Conditions

Drug Prescriptions and Dosages

- | | |
|----------|----------|
| 1. _____ | 1. _____ |
| 2. _____ | 2. _____ |
| 3. _____ | 3. _____ |
| 4. _____ | 4. _____ |
| 5. _____ | 5. _____ |

Drug Allergies _____

Blood Type _____

Primary Physician Name _____ Hospital _____ Phone _____ Fax _____

PERSONAL INFO

Phone Lock Code _____ Voicemail Passcode _____

Email Address _____ Email Password _____ Computer Login _____

Other Important Info _____

This document was filled out by _____ on ____ / ____ / ____ . Relationship: _____ Phone: _____

Visiting Older Loved Ones Who Live Alone

Food, Nutrition & Kitchen Safety

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Does she keep a well-stocked pantry and a variety of fresh fruit and vegetables on hand? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Is he aware of foods that may interact adversely with his medications? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Is she able to buy groceries independently, or, if not, is she using a grocery delivery or a meal delivery service? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Is there expired or rotten food in the refrigerator? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Can he prepare a meal without assistance? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Can she easily operate a microwave? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Does he have a healthy appetite? |

Notes

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears to be a standard notebook page or a sheet of stationery.

☐ YES ☐ NO Is she able to walk independently indoors and outdoors? Does she have a steady gait and appear stable when walking?

☐ YES ☐ NO Are any canes, walkers, scooters or other aids in good shape and being used effectively?

☐ YES ☐ NO Is he free of signs that may indicate a recent fall such as bruising or scratches?

☐ YES ☐ NO If she is still driving, does she have a current driver's license? Is she driving safely?

☐ YES ☐ NO If she is not driving, is she able easily arrange for transportation as needed?

☐ YES ☐ NO If there are stairs in the home, is he able to walk up and down safely?

☐ YES ☐ NO Is she able to retrieve mail and newspapers safely?

☐ YES ☐ NO Is he able to get in and out of bed safely?

Notes

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

House & Home Safety

- ☐ **YES** ☐ **NO** Is the home well-lit, easy to navigate and free of fall risks, such as open extension cords and loose rugs?
- ☐ **YES** ☐ **NO** Are working night lights placed appropriately throughout the house?
- ☐ **YES** ☐ **NO** Are the electrical systems – fans, space heaters and central heating and cooling -- functioning properly and safely?
- ☐ **YES** ☐ **NO** Is the house reasonably clean and tidy? Is the house stocked with dish soap, laundry soap and other cleaning supplies?
- ☐ **YES** ☐ **NO** Are the fire extinguishers, carbon monoxide detectors and smoke detectors functioning?
- ☐ **YES** ☐ **NO** Is there a phone or emergency call system easily accessible in all rooms?
- ☐ **YES** ☐ **NO** Are his pets being cared for adequately?
- ☐ **YES** ☐ **NO** Do interior stairs have railings on both sides?
- ☐ **YES** ☐ **NO** Are the trash bins picked up and managed properly?

Notes

☐ **YES** ☐ **NO** Does she recognize family and friends?

☐ **YES** ☐ **NO** Can he hold a coherent conversation?

☐ **YES** ☐ **NO** Does she show any atypical signs of memory loss?

☐ **YES** ☐ **NO** Has he ever gotten lost in the community or experienced an episode of confusion?

☐ **YES** ☐ **NO** Can she clearly communicate needs?

☐ **YES** ☐ **NO** Has he visited a dentist, optometrist or physician in the past year?

☐ **YES** ☐ **NO** If she wears glasses, are the glasses in good shape?

☐ **YES** ☐ **NO** Does he show any signs of poor vision, such as squinting or sitting too close to the TV?

☐ **YES** ☐ **NO** Is she maintaining a healthy, consistent weight? Have you noticed any weight loss?

☐ **YES** ☐ **NO** Are you aware of what medications and supplements he is taking?

☐ **YES** ☐ **NO** Is she taking medications as directed?

☐ **YES** ☐ **NO** If he is self-administering medical treatment such as oxygen, injections or wound-care, is it being monitored and managed effectively?

[illegible]

<input type="checkbox"/> YES	<input type="checkbox"/> NO	Is she able to use the toilet independently and safely?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Are incontinence supplies being disposed of properly?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Is he able to transfer into the bath or shower safely?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Does the bathroom have stable and secure grab bars?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Does the bath or shower have a no-skid mat or strips?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Is the bathroom clean?

Notes

[illegible]

SAFETY AND STAFFING

Is a nurse on duty 24 hours per day? If not, how many hours is a nurse on duty, and what are those hours?

- ☐ **YES** ☐ **NO** Does the community have secure buildings and secure grounds?
- ☐ **YES** ☐ **NO** Does the staff have sufficient and current training?
- ☐ **YES** ☐ **NO** Does each resident have an individual care plan?
- ☐ **YES** ☐ **NO** Is there a visiting physician?
- ☐ **YES** ☐ **NO** Can you care for wheelchair-bound or bedridden residents?
- ☐ **YES** ☐ **NO** Are you able to care for residents who are physically aggressive or who exhibit disruptive behaviors?

ADDITIONAL COMMENTS

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears to be a standard notebook page.

MEMORY CARE FEATURES AND TREATMENTS

What are the living arrangements? Memory care cottages? Neighborhood style? _____

- ☐ YES ☐ NO Do they have an assisted-living-to-Alzheimer's care bridge program for early-stage patients?
- ☐ YES ☐ NO Do they have walking paths or circular walking paths for residents?
- ☐ YES ☐ NO Snoezelen rooms? Or other light treatment?
- ☐ YES ☐ NO Do they have a special memory care dining program?
- ☐ YES ☐ NO Do they group residents by cognitive level?
- ☐ YES ☐ NO Do they offer pet therapy?
- ☐ YES ☐ NO Music therapy?
- ☐ YES ☐ NO Reminiscence therapy?
- ☐ YES ☐ NO Parkinson's care?
- ☐ YES ☐ NO Vascular dementia care?

COMMUNITY POLICIES

What types of care are they not able to provide? How do they transition residents from memory care to skilled nursing? _____

- ☐ YES ☐ NO Do they provide a thorough assessment before admission?
- ☐ YES ☐ NO How often do they update families about residents' well-being?
- ☐ YES ☐ NO Do you understand their policy for handling medical emergencies?
- ☐ YES ☐ NO Do you understand how the fee structure works?
- ☐ YES ☐ NO Is there one flat fee, or separate fees for housing and care?
- ☐ YES ☐ NO Do you understand the discharge policy?

YOUR GUT CHECK

- ☐ YES ☐ NO Does the staff appear to be knowledgeable and caring?
- ☐ YES ☐ NO Do residents have free access to outdoor areas?
- ☐ YES ☐ NO Is the community easy to navigate?
- ☐ YES ☐ NO Does their philosophy of care resonate with you?

Community Touring Notes

When calling or visiting a prospective senior living community, use this checklist to keep notes, compare communities and get answers to important questions.

OBSERVATIONS

	Community 1		Community 2		Community 3	
You are greeted and feel welcome	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Staff members are kind and caring to residents	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Staff call residents by name	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Staff and residents are well-groomed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Residents appear engaged and happy	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Meals are nutritious and appealing	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Residence is clean and scent-free	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
The layout and floor plan make rooms and communal spaces easy to find	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
There is a robust set of activities that your loved one will enjoy	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Exits are clearly marked	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Handrails are available throughout hallways	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Temperature is comfortable	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Lighting is good	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

SAFETY QUESTIONS

	Community 1		Community 2		Community 3	
Is an individual plan of care maintained for each resident?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are the residents and families included in the process of preparing care plans?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there a physician who visits the facility regularly?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Can staff administer medications?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

What is the policy for handling medical emergencies? _____

What additional services are available if the needs of a resident change? _____

Who coordinates outside care-provider visits? _____

LEGAL & FINANCIAL QUESTIONS

	Community 1		Community 2		Community 3	
Are there pricing incentives, move-in specials, or other financial enticements?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are residents required to carry renter's insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there an appeals process for dissatisfied residents?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are the monthly fees negotiable?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

How long is the wait-list? _____

How are the monthly fees charged and calculated? _____

Are there additional fees? If so, what are they? _____

You've completed tours of some senior living communities -- now what? Share what you've learned! Engage with another family member to discuss each property, and call your Advisor to discuss which properties you like and how to handle the conversation with your loved one.

DEMENTIA

Care Guide



Introduction

If you or a loved one is dealing with a dementia diagnosis, you're far from alone. The latest estimates from the Alzheimer's Association indicate that nearly 5 million Americans are currently living with an Alzheimer's diagnosis, and Alzheimer's patients account for only 60-80% of total dementia patients.

With so many people affected, Alzheimer's prevention has become a national priority, as demonstrated by initiatives such as the National Alzheimer's Project Act, which Congress passed unanimously in 2010. Among other things, this act requires a national plan for overcoming Alzheimer's to be updated annually. Yet even as the search for a cure gains momentum, it's widely acknowledged that early diagnosis and proper care can greatly affect the general health and happiness of those who already have the disease.

Whether you've been newly diagnosed or have a loved one in the mid-to-late stages of dementia, this guide is intended to help you and your family enjoy your lives to the fullest, while getting the best possible care.

THE EARLY STAGES

“ You have to shift the paradigm of defeat by ‘flipping the pain.’ Alzheimer’s disease is going to win. It will take my husband, but it will not take me. I’m going to fight for the next generation. ”

-Meryl Comer

10 ALZHEIMER'S WARNING SIGNS

When it comes to identifying early symptoms of dementia, there's often no clear-cut line between the typical memory changes associated with aging and warning signs that something more serious may be developing. To help differentiate between normal and potentially problematic memory function, the Alzheimer's Association developed the following checklist:

1. ***Short Term Memory Loss***

Forgetting new information is one of the most common early signs of dementia. Forgetting important events and asking for the same information over and over are also common symptoms of early stage Alzheimer's disease. What's typical? Forgetting names or appointments occasionally and remembering them later.

2. ***Difficulty Performing Familiar Tasks***

People with dementia often find it hard to plan or complete everyday tasks. Individuals may lose track of the steps involved in preparing a meal, placing a telephone call or playing a game. What's typical? Occasionally forgetting why you came into a room or what you planned to say.

3. ***New Problems with Writing or Speaking***

People with Alzheimer's disease often forget simple words or substitute unusual words, making their speech or writing hard to understand. They may be unable to find the word "toothbrush," for example, and instead ask for "that thing for my mouth." What's typical? Occasionally having trouble finding the right word.

4. ***Confusion with Time and Place***

People with Alzheimer's can become lost in their own neighborhood, forget where they are and how they got there, and not know how to get back home. What's typical? Momentarily forgetting the day of the week or where you were going.

5. ***Poor or Decreased Judgment***

Those with Alzheimer's may dress inappropriately, wearing several layers on a warm day or little clothing in the cold. They may show poor judgment, like giving away large sums of money to telemarketers. What's typical? Making a questionable or debatable decision from time to time.

6. ***Problems with Abstract Thinking***

Someone with Alzheimer's disease may have unusual difficulty performing complex mental tasks, like forgetting what numbers are for and how they should be used. What's typical? Finding it challenging to balance a checkbook.

7. ***Misplacing Things and Losing the Ability to Retrace Steps***

A person with Alzheimer's may put things in unusual places: an iron in the freezer or a wristwatch in the sugar bowl. What's typical? Misplacing keys or a wallet, but being able to retrace steps to find it later.

8. ***Changes in Mood or Behavior***

Someone with Alzheimer's disease may show rapid mood swings - from calm, to tears, to anger and aggression - for no apparent reason. They may become extremely confused, anxious, suspicious or dependent on a family member. What's typical? Occasionally feeling sad or moody.

9. ***Trouble Understanding Visual Images and Spatial Relationships***

For some people, a change in visual processing may be a sign of early Alzheimer's. They may have difficulty reading, judging distance and determining color or contrast, which may cause problems with driving. What's typical? Vision changes related to cataracts.

10. ***Withdrawing from Social Activities***

A person with early stage Alzheimer's disease may avoid being social because of the changes they've experienced. They may remove themselves from sports, social events and hobbies. They may become passive, sitting in front of the TV for hours, sleep more than usual or not want to perform daily living activities. What's typical? Sometimes feeling weary of work or social obligations.

In addition to these signs, keep in mind that it's always a good idea to check with a doctor if a person's level of function seems to be changing rapidly. The earlier you recognize that dementia is developing, the sooner you can mitigate its effects.

THE STAGES OF DEMENTIA

How does dementia progress? At what stage will you likely start to notice warning signs? Because dementia involves physical changes in the brain, it generally begins long before there are noticeable symptoms. Most clinical providers describe dementia using the seven-stage Reisberg Scale developed by New York University physician and noted expert on aging, Dr. Barry Reisberg. Here are the stages:

STAGE 1: *No Cognitive Impairment*

Though it may seem odd, the lowest dementia stage on the scale is normal mental functioning, or no cognitive impairment. There are no signs or symptoms of dementia, memory loss, behavioral problems or other changes associated with the onset of dementia.

STAGE 2: *Very Mild Cognitive Decline*

Where the heck did I put my keys? What was that person's name? According to the Fisher Center for Alzheimer's Research, at least half of the over-65 population reports some minor age-related forgetfulness. Caregivers or medical providers may not even notice such mild impairment, and it is not considered to be actual dementia, though it is part of the scale of dementia stages and may precede more noticeable cognitive decline.

STAGE 3: *Mild Cognitive Decline*

When memory and cognitive problems become more regular, as well as noticeable to caregivers and loved ones, a person is said to be suffering from mild cognitive impairment (MCI). Since mild cognitive decline can herald more severe stages of dementia in the future, it is important to recognize the signs of this stage in order to alleviate stress in the patient, as well as initiate a medical course of action in the event that the dementia is treatable. Though MCI does not generally have a major impact on day-to-day functioning, some common signs include:

- Impaired work performance
- Memory loss and forgetfulness
- Verbal repetition
- Impaired organization and concentration
- Trouble with complex tasks and problem solving
- Difficulties with driving

STAGE 4: *Moderate Cognitive Decline*

At this point, a person has clearly visible signs of mental impairment that point to early-stage dementia or Alzheimer's disease. In addition to worsening of the symptoms discussed above, caregivers should stay alert for signs of:

- Social withdrawal
- Emotional moodiness
- Lack of responsiveness
- Reduced intellectual acuity
- Trouble with routine tasks
- Denial of symptoms

STAGE 5: *Moderately Severe Cognitive Decline*

This stage marks the onset of what many professionals refer to as mid-stage dementia. At this point, a person may no longer be able to carry out normal day-to-day activities, such as dressing or bathing, without some caregiver assistance. Other symptoms that manifest during this stage include:

- Pronounced memory loss, including memory of personal details and current events
- Confusion and forgetfulness
- Further reduced mental acuity and problem solving ability

STAGE 6: *Severe Cognitive Decline*

Stage 6 is characterized by a need for a caregiver help to perform even basic daily activities, such as dressing, eating, using the toilet and other self-care. Further symptoms may include sleep difficulties, incontinence, personality changes including paranoia or delusions, anxiety, pronounced memory loss and inability to recognize loved ones.

STAGE 7: *Very Severe Cognitive Decline*

In severe Alzheimer's disease or late-stage dementia, people are essentially unable to care for themselves, and suffer from both communication and motor impairment. They may lose the ability to speak, walk or smile without help.

COMMUNICATION TIPS AND COPING STRATEGIES

“ *Though those with Alzheimer’s might forget
us, we as a society must remember them.* ”

- Scott Kirkschenbaum, Filmmaker

COMMUNICATION AND DEMENTIA: 10 SIMPLE TIPS

Here are 10 tips on how to effectively communicate with someone who has moderate-to-severe dementia:

1. **RECOGNIZE WHAT YOU'RE UP AGAINST.**
Dementia inevitably gets worse with time. People with dementia will gradually have a more difficult time understanding others, as well as communicating in general.
2. **AVOID DISTRACTIONS.**
Try to find a place and time to talk when there aren't a lot of distractions present. This allows your loved one to focus all their mental energy on the conversation.
3. **SPEAK CLEARLY AND NATURALLY IN A WARM AND CALM VOICE.**
Refrain from "baby-talk" or any other kind of condescension.
4. **REFER TO PEOPLE BY THEIR NAMES.**
Avoid pronouns like "he," "she," and "they" during conversation. Names are also important when greeting a loved one with dementia. For example: "Hi, Grandma. It's me, Jeff," is to be preferred over, "Hi. It's me."
5. **TALK ABOUT ONE THING AT A TIME.**
Someone with dementia may not be able to engage in the mental juggling involved in maintaining a conversation with multiple threads.
6. **USE NONVERBAL CUES.**
For example, maintain eye contact and smile. This helps put your loved one at ease and will facilitate understanding. Keep in mind that when dementia is very advanced, nonverbal communication may be the only option available.
7. **LISTEN ACTIVELY.**
If you don't understand something your loved one is telling you, politely let them know.
8. **DON'T QUIBBLE.**
Your conversations are not likely to go very far if you try to correct every inaccurate statement your loved one makes. It's okay to let delusions and misstatements go.
9. **HAVE PATIENCE.**
Give your loved one extra time to process what you say. If you ask a question, give a moment to respond. Don't let frustration get the better of you.
10. **UNDERSTAND THERE WILL BE GOOD DAYS AND BAD DAYS.**
While the general trend for those living with dementia is a downward decline, people with dementia will have ups and downs just like anyone else.

BEST MUSIC FOR DEMENTIA PATIENTS

1. MOOD ENHANCING MUSIC: **Personally Meaningful Songs and Familiar Old Favorites**

Listening to old favorites can enhance mood and make potentially troublesome daily living activities such as bathing or dressing go more smoothly for all involved. Kim Warchol, a licensed occupational therapist says that the music should be something familiar to your loved one, “Music can be used in so many ways and for so many purposes in Dementia Therapy. Get creative and get personal. Find the specific songs that were special to your relative and awaken their interest and attention.” Play songs that have some importance to your loved one. This could range from a favorite hymn to “All Shook Up” by Elvis Presley. For ideas about what songs to include, rely on your own recollection of your loved one’s tastes in addition to asking your loved one about his or her favorite songs. Older family members may also be able to recall tunes that were special to your loved one in their youth.

2. STIMULATING MUSIC: **Pop Songs From Their Salad Days**

Stimulating big band, swing and salsa music often inspires dance and movement in dementia sufferers, giving them much needed physical exercise. Ann Napoletan, whose mother suffered from Alzheimer’s disease says, “My mom enjoyed just about any music,” adding that her mother’s housemates “loved the oldies station – Frank Sinatra, Dean Martin. There’s lots of singing along.” Look at the top pop songs from the years when your loved one was a young adult. If your loved one was born in 1930, look at the music charts for the late 1940s and the 1950s. Wikipedia maintains a list of top American pop songs from 1940 onward.

3. SOOTHING MUSIC FOR AGITATION MANAGEMENT

Soft classical music, lullabies or non-rhythmic instrumental background music can reduce agitation and anxiety during periods of sundowning. Music therapists also suggest redirecting agitated patients to participate in a rhythmic activity such as singing, tapping or shaking percussion instruments, drumming or clapping.

4. CONNECTING AND COMFORTING MUSIC: **Sing-Along Classics**

To create a sense of comfort and safety as well as engagement, look for classic American folk songs with easy to remember lyrics that most of us learned as children. Think “She’ll Be Comin’ Round the Mountain” and “I’ve Been Working on the Railroad.” Certified musical therapist, Rachel Rambach, wrote “12 Songs Every Music Therapist Should Know.” Some of the songs she’s found most successful in her work include: “Over the Rainbow” and “You Are My Sunshine,” even “American Pie” by Don McLean. She adds that “Amazing Grace” has been a favorite song of elderly patients she’s worked with.

Sample Song Playlist: Music for Dementia Therapy

Dementia patients vary in their response to music depending on which stage of the disease they're experiencing, but it can also change from day to day. What music should you play for your loved one? Bottom line – whatever works.

- “You Are My Sunshine”
- “She’ll Be Comin’ Round the Mountain”
- “This Land is Your Land”
- “Amazing Grace”
- “Over the Rainbow” – Judy Garland
- “Pennies from Heaven” – Bing Crosby
- “Moonlight Serenade” – Glen Miller
- “A-Tisket A-Tasket” – Ella Fitzgerald
- “Moon Glow” – Benny Goodman
- “Nature Boy” – Nat King Cole
- “Memories are Made of This” – Dean Martin
- “Wheel of Fortune” – Kay Starr
- “Five Minutes More” – Frank Sinatra
- “Look for the Silver Lining” – Chet Baker
- “The Goldberg Variations” – J.S. Bach

12 ACTIVITIES TO CONNECT WITH A LOVED ONE WHO HAS DEMENTIA

In addition to having good strategies for dealing with common communication and behavioral issues, there are many activities that will foster a closer connection with those who have dementia. The next time you visit with your loved one, try one or more of the following activities to create a connection with them:

1. CREATE A MEMORY BAG

Fill the bag with items reminiscent of their late teens/early twenties. Scented products work well for this, as scents are strongly tied to memory. Try including soap, perfumes and aftershave, or holiday scents like gingerbread, pine and peppermint.

2. LOOK THROUGH FAMILY PHOTO ALBUMS

Photo albums with pictures from their childhood or young adulthood are best for this. Old periodicals are another good option, particularly those that include many photos such as *Life* or *Time* magazines.

3. READ OUT LOUD

If your loved one has a favorite book, read it out loud to them and let them hold the book and feel the pages. Encourage them to enjoy the distinctive “old book smell.” Reading aloud works especially well with poetry, as the cadence of the words are familiar and calming.

4. LISTEN TO A PLAYLIST OF FAVORITE MUSIC

Download songs or set up radio to stream that features music from their teenage years. Many internet radio stations include everything from classic rock to big band sounds, their favorite music should be easy to find.

5. SING OLD SONGS

If they grew up going to church, sing old hymns with them. If it’s around the holidays, sing holiday carols or other special songs. Class sing-a-longs and music classes were much more common in schools prior to the electronic age. You might be surprised at what songs your loved ones know and remember from elementary school.

6. WATCH OLD MOVIES AND TV SHOWS

Did your parents grow up watching westerns like “Gunsmoke” or family dramas such as “My Three Sons?” Perhaps they were more interested in musicals like “The King and I” or “Singing in the Rain.” You can find many favorite movies and shows from the 40s, 50s and 60s on Netflix or other streaming services.

7. GO ON A NATURE WALK

Use nature to integrate sensory experiences into conversation. Listen to birdsong, touch the wet grass, smell the roses and feel the sunshine on your shoulders. Ask what their favorite outdoor activities were during their youth and try to safely recreate similar scenarios if possible.

8. LOOK THROUGH OLD COOKBOOKS

In the past, women spent a great deal of their teenage years learning to cook and young adult years cooking for their families. Discuss origins and variations on old family recipes, or better yet, cook with those old family recipes and share the results with your loved ones.

9. ENJOY FAVORITE TREATS

Look for candy or other indulgences that were commonplace when your loved one was young. Many companies specialize in nostalgic candy where you can buy old favorites like horehound candy and soft peppermint sticks. Even simple things, like an orange, can be a treat to someone who remembers when you only had them during holidays.

10. VISIT AND CONNECT WITH ANIMALS

People who grew up on farms may enjoy an outing to a petting zoo or family farm where they can touch and talk to horses and other farm animals. Ask questions about animals, old pets, or what it was like to grow up on a farm. This is a great activity to involve grandchildren in, since many kids today are not familiar with farms

11. REMINISCE OVER CHILDHOOD TOYS

Nothing elicits childhood memories like familiar old toys. Erector sets, kewpie dolls, sock monkeys and marbles were some of the most popular toys during the 40s and 50s. There are many websites dedicated to antique toys. If you have any old toys available, bring them when you visit, ask questions about how they were played with, or, in the case of construction toys, build something together.

12. REVISIT OLD HOBBIES AND SKILLS

Did your loved one quilt, crochet or knit? Put a homemade quilt or skein of yarn in their hands and let them feel the weight of the quilt and the scratchiness of the yarn. You may be surprised to find that your loved one can still crochet or knit a little bit, even though they have serious memory or cognitive deficits. Often, the muscles remember what the brain has forgotten.

DEMENTIA CARE DOS & DON'TS: DEALING WITH DEMENTIA BEHAVIOR PROBLEMS

Communication difficulties can be one of the most upsetting aspects of caring for someone with Alzheimer's disease or other types of dementia. Here are some common situations that arise when someone has dementia, and suggestions for ways to handle them:

Common Situation #1: Aggressive Speech or Actions

EXAMPLES: Statements such as "I don't want to take a shower!," "I want to go home!," "I don't want to eat that!" may escalate into aggressive behavior.

EXPLANATION: The most important thing to remember about verbal or physical aggression, says the Alzheimer's Association, is that your loved one is not doing it on purpose. Aggression is usually triggered by something - often physical discomfort, an unfamiliar environment or even poor communication. "A lot of times aggression is coming from pure fear," says Tresa Mariotto, Family Ambassador at Silverado Senior Living in Bellingham, Washington. "People with dementia are more apt to hit, kick or bite" in response to feeling helpless or afraid.

Writer Ann Napoletan emphasized the unpredictable nature of late stage Alzheimer's, "As my mom's disease progressed, so did the mood swings. She could be perfectly fine one moment, and the next she was yelling and getting physical. Often, it remained a mystery as to what prompted the outburst. For her caregivers, it was often getting dressed or bathing that provoked aggression."

DO: The key to responding to aggression caused by dementia is to try to identify the cause - what is the person feeling to make them behave aggressively? Once you've made sure they aren't putting themselves (or anyone else) in danger, you can try to shift the focus to something else, speaking in a calm, reassuring manner.

"This is where truly knowing your loved one is so important," says Napoletan. "In my mom's case, she didn't like to be fussed over. If she was upset, oftentimes trying to talk to her and calm her down only served to agitate her more. Likewise, touching her - even to try and hold her hand or gently rub her arm or leg - might result in her taking a swing. The best course of action in that case was to walk away and let her have the space she needed."

DON'T: "The worst thing you can do is engage in an argument or force the issue that's creating the aggression," Napoletan says. "Don't try to forcibly restrain the person unless there is absolutely no choice." Mariotto agrees: "The biggest way to stop aggressive behavior is to remove the word 'no' from your vocabulary."

Common Situation #2: Confusion About Time or Place

EXAMPLES: Statements such as "I want to go home!," "This isn't my house.," "When are we leaving?" "Why are we here?"

EXPLANATION: Wanting to go home is one of the most common reactions for an Alzheimer's or dementia patient living in a memory care facility. Remember that Alzheimer's causes progressive damage to cognitive functioning, and this is what creates the confusion and memory loss.

There's also a psychological component, says Mariotto: "Often people are trying to go back to a place where they had more control in their lives."

DO: There are a few possible ways to respond to questions that indicate your loved one is confused about where he or she is. Simple explanations along with photos and other tangible reminders can help, suggests the Alzheimer's Association. Sometimes, however, it can be better to redirect the person, particularly in cases where you're in the process of moving your loved one to a facility or other location.

"The better solution is to say as little as possible about the fact that they have all of their belongings packed, and instead try to redirect them – find another activity, go for a walk, get a snack, etc.," says Napoletan. "If they ask specific questions such as 'When are we leaving?' you might respond with, 'We can't leave until later because...' the traffic is terrible / the forecast is calling for bad weather / it's too late to leave tonight."

"You have to figure out what's going to make the person feel the safest," says Mariotto, even if that ends up being "a therapeutic lie."

DON'T: Lengthy explanations or reasons are not the way to go. "You can't reason with someone who has Alzheimer's or dementia," says Ann. "It just can't be done." In fact, says Mariotto. "A lot of times we're triggering the response that we're getting because of the questions we're asking."

This was another familiar situation for Ann and her mother. "I learned this one the hard way. We went through a particularly long spell where every time I came to see my mom, she would have everything packed up ready to go – EVERYTHING! Too many times, I tried to reason with her and explain that she was home; this was her new home. Inevitably things would get progressively worse."

Common Situation #3: Poor Judgment or Cognitive Problems

EXAMPLES: Unfounded accusations: "You stole my vacuum cleaner!" Trouble with math or finances: "I'm having trouble with the tip on this restaurant bill." Other examples include unexplained hoarding or stockpiling and repetition of statements or tasks.

EXPLANATION: The deterioration of brain cells caused by Alzheimer's is a particular culprit in behaviors showing poor judgment or errors in thinking. These can contribute to delusions, or untrue beliefs. Some of these problems are obvious, such as when someone is hoarding household items, or accuses a family member of stealing something. Some are more subtle, however, and the person may not realize that they are having trouble with things that they never used to think twice about.

According to Napoletan, "There came a time when I began to suspect my mom was having problems keeping financial records in order. At the time, she was living independently and was very adamant about remaining in her house. Any discussion to the contrary, or really any comment that alluded to the fact that she may be slipping, was met with either rage or tears. It was when she asked me to help with her taxes that I noticed the checking account was a mess."

DO: First you'll want to assess the extent of the problem. "If you're curious and don't want to ask, take a look at a heating bill," suggests Mariotto. "Sometimes payments are delinquent or bills aren't being paid at all." You can also flip through their checkbook and look at the math, or have them figure out the tip at a restaurant.

The Alzheimer's Association says to be encouraging and reassuring if you're seeing these changes happen. Also, you can often minimize frustration and embarrassment by offering help in small ways with staying organized.

This is what Napoletan did for her mother: "As I sifted through records to complete her tax return, I gently mentioned noticing a couple of overdraft fees and asked if the bank had perhaps made a mistake. As we talked through it, she volunteered that she was having more and more difficulty keeping things straight, knew she had made some errors, and asked if I would mind helping with the checkbook going forward. I remember her being so relieved after we talked about it." From there, over time, Napoletan was gradually able to gain more control over her mother's finances.

DON'T: What you shouldn't do in these circumstances is blatantly question the person's ability to handle the situation at hand, or try to argue with them. "Any response that can be interpreted as accusatory or doubting the person's ability to handle their own affairs only serves to anger and put them on the defensive," says Napoletan.

LEARNING ABOUT MEMORY CARE

“

*To care for those who once cared for us
is one of the highest honors.*

- Tia Walker

TOP QUESTIONS ABOUT MEMORY CARE

What is the difference between memory care and assisted living?

Today's assisted living and memory care communities offer residents everything from gourmet meals and social events to creative singing, art and writing classes; in addition to help with bathing, dressing and medication management. Both memory care and assisted living offer person centered care programs that are designed to enrich the lives of residents emotionally, socially and physically. However, the cost of memory care can be twice as expensive as assisted living for a single resident due to the therapeutic programming. In a full-scale memory care program, a team of health care professionals create individualized programs to help each resident function at the highest possible level for as long as possible.

What are typical memory care features?

Memory care is often located in a separate unit of a larger assisted living facility, or a dedicated wing of a community offering a continuum of care. Key features include the following:

1. A secure safe, environment
2. A high staff-to-resident ratio
3. Sensory-based programming
4. Color-coded hallways and design features to facilitate easy navigation and reduce anxiety for residents
5. Accommodations for residents in the early, middle and late stages of Alzheimer's and dementia

Can memory care cure dementia symptoms?

While there is no cure for Alzheimer's, communities with memory care programs have reported a higher quality of life for its residents in a number of different areas, including reduced medication and medication side effects; fewer falls, injuries, and hospital visits; increased nutrition and wellness; and greater independence and social interaction. As many as 75% of memory care residents even experience improvement or maintenance of mental functioning and the ability to walk.

How can you find a good memory care facility?

Any high quality memory care community will provide education and outreach for families, however families must do their due diligence in researching whether a particular facility is right for their loved one. Before you make a final decision, consider your loved one's individual needs, as well as features and treatments available at the community, their policies, their security and safety, what on-site staffing is available, and whether you and your loved one have an overall positive impression of the place. See our Memory Care Checklist below for more questions to ask.

PERSON-CENTERED MEMORY CARE

Memory care providers, like the rest of the senior living industry, have moved away from institutional, one-size-fits-all approach to care. Instead they have adopted an almost Zen-like approach to memory care. Person-centered care means adapting everything about the care to the person being cared for rather than attempting to make people with dementia conform to preconceived notions or standards. It means going with the flow rather than trying to make the river flow uphill.

We spoke with Lesley Yanak of Koelsch Senior Communities, who related a good, real-life example of a person centered approach to dealing with difficult behaviors. During a visit to one of their communities she recalled passing through a hallway and witnessing a resident who was refusing to get dressed. Instead of the incident turning into a tantrum or battle of wills, the caregiver in the room began to sing one of the elderly resident's favorite songs, and she quickly calmed down and agreed to get dressed. "You will see moments like this at our community every day," Yanak said.

Know Thy Resident: Promoting Person-Centered Care

A person-centered approach to care requires caregivers to know who they are caring for. The story Yanak related could not have happened if the caregiver did not know the resident. The caregiver had learned not only that the resident liked songs, but the particular song that would be most calming to her.

One common technique for helping caregivers and community members get to know residents is to decorate the entryway to each resident's unit with photos and mementos of his or her past life. For example, a proud retired police officer might have her badge on her studio door along with some photos of her in uniform. This not only helps caregivers and other staff get to know the residents better – it also helps the residents find their rooms. (Try remembering a room-number with dementia.)

Empowering Memory Care Staff to Improve Lives

Tom Alaimo, Vice President of Life Guidance for Atria Senior Living, said that, at Atria communities, staff are called on to bring their unique and authentic personalities and talents to their job. For example, a staff member with a gift for the piano might be encouraged to play a Mozart sonata for the residents, even if that staff member's regular duties are completely unrelated to the activities program.

Alaimo said that just as all staff are expected to get to know memory care residents, they are also expected to engage them in impromptu activities whenever feasible. For example, a resident who was a devoted and proud homemaker might be encouraged to spend some time with the staff who are, say, folding laundry. Participating in familiar tasks gives residence the pleasure of feeling useful, while enabling caregivers to give them one-on-one attention.

Personalized Activities

At Lifehouse Health Services senior communities, the Montessori method that was originally developed for the education of children has been successfully adapted to the memory care program. Elicia Van Ark, the Montessori Program Director for Lifehouse told us, “The Montessori program allows for individual’s personalities to shine. Part of the Montessori program involves having activity baskets and stations available at all times. This allows for the staff and families to grab a basket and do an activity with a resident at any time. The instructions are on the front of the basket with three steps or less.”

We also spoke with Eva Arant, Memory Care Specialist at Koelsch Senior Communities, who described how their homes have at least two (and more often three) separate memory care activity groups. The groups cater to the residents’ level of functioning. For example, the group that is higher functioning is composed of seniors who have early dementia. They may play cards while the group of residents of with mid-stage dementia is doing a sing along; residents with advanced dementia may engage in simple tactile activities like playing with Play-Doh.

Similarly, Koelsch communities and some other memory care providers offer multiple dining environments for memory care residents. Higher functioning residents who like restaurant-style dining have one area – where they can see into the kitchen, hear plates clinking and the grill sizzling, and are served by wait-staff. The second dining area is calmer and more peaceful, and it’s reserved for residents who could become over-stimulated in the restaurant dining area, who need assistance eating, or just prefer a more relaxed atmosphere.

How Person-Centered Care Promotes a Good Life

If you agree that “the good life” can be made of happiness, kindness, and laughter, then the good life is certainly possible for residents of memory care communities. Even if you find the term “the good life” grandiose, we can call it a good life. By taking an approach to care that involves maximizing happiness and comfort while minimizing discomfort and pain, residents have the opportunity to enjoy wonderful moments and positive experiences with an overall degree of happiness you might not associate with Alzheimer’s patients.

Questions to Ask When Considering a Memory Care Community

Questions to Ask Yourself About Your Loved One's Needs

- ### Additional Comments

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears to be a standard notebook page or a sheet of stationery.

Safety and Staffing

Is a nurse on duty 24 hours per day? If not, how many hours is a nurse on duty, and what are those hours? _____

- ☐ **YES** ☐ **NO** Does the community have secure buildings and secure grounds?
- ☐ **YES** ☐ **NO** Does the staff have sufficient and current training?
- ☐ **YES** ☐ **NO** Does each resident have an individual care plan?
- ☐ **YES** ☐ **NO** Is there a visiting physician?
- ☐ **YES** ☐ **NO** Can you care for wheelchair bound or bedridden residents?
- ☐ **YES** ☐ **NO** Are you able to care for residents who are physically aggressive or who exhibit disruptive behaviors?

Additional Comments

[illegible]

Memory Care Features and Treatments

What are the living arrangements? Memory care cottages? Neighborhood style? _____

- ☐ **YES** ☐ **NO** Do they have an assisted living to Alzheimer's care bridge program for early stage patients?
- ☐ **YES** ☐ **NO** Do they have walking paths or circular walking paths for residents?
- ☐ **YES** ☐ **NO** Snoezelen rooms? Or other light treatment?
- ☐ **YES** ☐ **NO** Do they have a special memory care dining program?
- ☐ **YES** ☐ **NO** Do they group residents by cognitive level?
- ☐ **YES** ☐ **NO** Do they offer pet therapy?
- ☐ **YES** ☐ **NO** Music therapy?
- ☐ **YES** ☐ **NO** Reminiscence therapy?
- ☐ **YES** ☐ **NO** Parkinson's care?
- ☐ **YES** ☐ **NO** Vascular dementia care?

Community Policies

What types of care are they not able to provide? How do they transition residents from memory care to skilled nursing? _____

- ☐ **YES** ☐ **NO** Do they provide a thorough assessment before admission?
- ☐ **YES** ☐ **NO** How often do they update families about resident's well-being?
- ☐ **YES** ☐ **NO** Do you understand their policy for handling a medical emergency?
- ☐ **YES** ☐ **NO** Do you understand how the fee structure works?
- ☐ **YES** ☐ **NO** Is there one flat fee, or separate fees for housing and care?
- ☐ **YES** ☐ **NO** Do you understand the discharge policy?

Your Gut Check

- ☐ **YES** ☐ **NO** Does the staff appear to be knowledgeable and caring?
- ☐ **YES** ☐ **NO** Do residents have free access to outdoor areas?
- ☐ **YES** ☐ **NO** Is the community easy to navigate?
- ☐ **YES** ☐ **NO** Does their philosophy of care resonate with you?

This image shows a full page of blank, lined paper. It features approximately 20 evenly spaced horizontal grey lines across its entire width, typical of notebook or primary school writing paper. The background is white, and there are no margins, text, or other markings present.

RECOMMENDED READING FROM A PLACE FOR MOM'S CAREGIVER COMMUNITY

We compiled this list of memoirs, novels and practical guides on the topic of Alzheimer's and dementia that were frequently mentioned by the families we work with as being particularly insightful, compassionate and useful .

"Alzheimer's: A Caregiver's Guide and Sourcebook" by Howard Gruetzner

"Creating Moments of Joy for the Person with Alzheimer's or Dementia: A Journal for Caregivers"
by Jolene Brackey

"Learning to Speak Alzheimer's: A Groundbreaking Approach for Everyone Dealing with the Disease"
by Joanne Koenig Coste

Still Alice by Lisa Genova

"Ten Thousand Joys & Ten Thousand Sorrows: A Couple's Journey Through Alzheimer's"
by Olivia Ames Hoblitzelle

"The 36-Hour Day: A Family Guide to Caring for People With Alzheimer's Disease, Other Dementias, and Memory Loss in Later Life" by Nancy L. Mace and Peter V. Rabins

"The Alzheimer's Action Plan: The Experts' Guide to the Best Diagnosis and Treatment for Memory Problems" by P. Murali Doraiswamy; Lisa Gwyther

"The Common Sense Guide to Dementia for Clinicians and Caregivers" by Anne Lipton and Cindy Marshall

TAKE ACTION: GET EMPOWERED

“ *Share the best moments of your life
with your children as often as you can.
Someday when your memory fails
they will be happy to share them with you!* ”

- H. Tuller

HOW WE CAN REDUCE THE ALZHEIMER'S STIGMA

Understand the Facts

There is a common misconception that upon receiving a dementia diagnosis, one loses all decision making abilities as well as independence. Most people do not understand the full range of dementia symptoms, conditions and stages, all of which vary widely.

Did you know that about 30-40% of senior patients who go to the emergency room are cognitively impaired, but do not have a diagnosis of dementia?

Think of the Person Behind the Disease

Richard Taylor, who was diagnosed with Alzheimer's about 10 years ago, experienced Alzheimer's stigma firsthand. After reflecting on what he could do to change it, Taylor dedicated himself to speaking out and advocating for a different way for society to look at those with dementia.

Some senior living communities are already looking at the disease and those behind it in a different light. "Dementiaville," a pioneering dementia and Alzheimer's care community, has increased quality of life for dementia sufferers by allowing them to experience life as they once had before the onset of their illness.

Taylor says that he and other dementia sufferers want to be understood. They want others to know, "I am still a whole person. I am not fading away. I am not half-empty or a soulless individual. I'm changing, but I still have the same needs as everyone else. What's ebbing is not myself, but merely the capacity to meet those needs by myself."

Place a Priority on Socialization

From his experience speaking to senior living communities, Richard Taylor learned that the only time many Alzheimer's residents interacted with others was when the staff served them food or administered their medication. "Interaction was not encouraged because it was not seen as a real need. It's not always that we need to be loved; we have a desire to give love, to develop friendships." Recent studies show that socialization actually reduces symptoms of dementia.

Don't Hide: Go Public

In 2014, actor Seth Rogen spoke to the Senate Appropriations Subcommittee on Labor, Health & Human Services about the urgent need for more Alzheimer's funding. He shared how his mother-in-law's long struggle with Alzheimer's disease impacted his family, and told Congress he needed to speak out because "People need more help. I've personally witnessed the massive amount of financial strain this disease causes...[and] to show people they are not alone, so few people share their personal stories."

Rogan was shocked that his mother-in-law, who was diagnosed in her mid-50s, suffered from the disease at such a young age. He thought Alzheimer's was "something only really, really old people got" and involved "forgetting your keys and mismatched shoes."

Rogan hopes that sharing his story, raising awareness about the disease and raising funds for Alzheimer's research through his Hilarity for Charity foundation, will change the stigma associated with dementia.

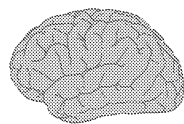
"Americans whisper the word 'Alzheimer's' because their government whispers the word 'Alzheimer's,' and although a whisper is better than silence that the Alzheimer's community has been facing for decades, it's still not enough. It needs to be yelled and screamed to the point that it finally gets the attention and the funding that it deserves and needs."

Renowned travel guide author, radio and TV host, Rick Steves, lost his mother to Alzheimer's disease in 2013 and spoke to the Washington Post about how to reduce the stigma of dementia. "We're proud people, there are a lot of social expectations, and we have a loved one who is not able to perform in public. So what do you do? I think it's important to take them into public and let them sit there and let them make noise... let it shine that there is a loved one here who is enjoying this concert."

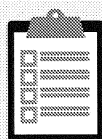
Thank you for reading our Dementia Care Guide. We wish you comfort and hope as you care for your loved one with dementia. You are not alone. For guidance finding memory care, you can get help from an A Place for Mom Senior Living Advisor in your area at 877-311-6099. For additional resources for your caregiving journey, please check out our Caregiver Toolkit at www.aplaceformom.com/senior-care-resources/caregiver-toolkit.

– A Place for Mom Senior Living Advisors

We value your feedback. Please send your suggestions to content@aplaceformom.com.


alzheimers.net

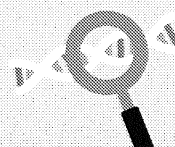
7 THINGS YOU CAN DO TO STOP ALZHEIMER'S BY 2025



1. JOIN A CLINICAL TRIAL

Are you a healthy adult or know of someone who has been recently diagnosed? Everyone is highly encouraged to participate in a clinical trial.

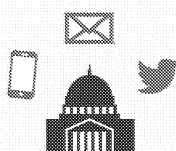
www.nia.nih.gov/alzheimers/clinical-trials



2. GET GENETIC TESTING

Assess your risk of having any amount of genetic predisposition for Alzheimer's by getting yourself genetically tested.

www.alz.org/national/documents/topicsheet_genetic_testing.pdf



3. EMAIL, CALL, AND TWEET YOUR STATE SENATE & CONGRESS

Get them to increase funding for Alzheimer's research and FDA to approve more drugs that impede Alzheimer's, just as they did with cancer.



4. GET EDUCATED ABOUT ALZHEIMER'S & DEMENTIA

Learn more about Alzheimer's risk factors, treatments, myths and clinical studies.

www.aplaceformom.com/blog/category/memory-dementia-care



5. SPEAK UP IF YOU SEE SYMPTOMS

Help to de-stigmatize and get the conversation going about symptoms and other important facts.

www.aplaceformom.com/senior-care-resources/articles/alzheimers-warning-signs



6. SIGN THE STOP ALZHEIMER'S PETITION

Get the word out about Alzheimer's by signing the petition.

www.alzfdn.org/AFAServices/napa_survey.html



7. JOIN THE FIGHT AGAINST ALZHEIMER'S

Volunteer or donate to your favorite Alzheimer's research or Alzheimer's awareness organization

www.alz.org/join_the_cause_volunteer.asp

CAREGIVER BILL OF RIGHTS

I have the right... to take care of myself. This is not an act of selfishness. Meeting my own needs will help me take better care of my loved one.

I have the right... to seek help from others. Even though my loved one may object to accepting outside help, I recognize the limits of my own endurance and strength.

I have the right... to maintain my own interests. I deserve to nurture the facets of my own life that do not include the person I care for, just as I would if he or she were healthy. I know that I do everything that I reasonably can for this person, and it's okay to do some things just for myself.

I have the right... to have negative feelings. I'm human, and it's okay for me to occasionally express frustration, exhaustion, depression and other difficult feelings.

I have the right... to not be manipulated. I will reject any attempts by my loved one (either conscious or unconscious) to guilt or shame me into doing things.

I have the right... to feel compassion from others. I deserve to receive consideration, affection, forgiveness and acceptance from my loved one for as long as I offer these qualities in return.

I have the right... to be proud of my work. I can take pride in what I am accomplishing and applaud the courage it sometimes takes to meet the needs of my loved one.

I have the right... to protect my individuality. I need to make a life for myself that will sustain me in the time when my loved one no longer needs my full-time help.

I have the right... to demand societal progress. I expect that as new strides are made in finding resources to aid physically and mentally impaired persons in our country, similar strides will be made towards aiding and supporting caregivers.

Adapted from the book, CareGiving: Helping an Aging Loved One, by Jo Horne, published in 1983 by the American Association of Retired Persons.

MY CAREGIVER COVENANT

THE THING I STRUGGLE MOST TO ACCEPT THAT I CAN'T CONTROL IS:

THE THINGS AS A CAREGIVER I CAN CONTROL ARE:

I AM SOMETIMES NEGATIVE ABOUT:

I CAN THINK ABOUT THAT MORE POSITIVELY BY:

MY PERSONAL SERENITY PRAYER IS:
