

Hear from local experts. Have your questions answered.

When More Care is Needed: Options for Long Term Care



Featured Speakers:

Doug Reuschel, LBSW, LNFA, CMC
Geriatric Care Manager
Sundance Care Specialists

Christina Lesher, JD, LBSW
Elder Law Attorney
Law Offices of Christina Lesher, PC

Classes Offered:

Tuesday, May 4, 2010

What Are My Care Options

Participants will learn about different options available for long term care including assisted living, nursing homes and secure Alzheimer's units and options for in home care. They will also learn how to identify what type of care is needed.

Wednesday, May 5, 2010

How to Find Quality Care

This program will cover the characteristics of a good long term care facility and the families' rights when their loved one is in a facility. The program will also cover different payment methods for care including Medicaid, Medicare, and Long Term Care Insurance.

Registration Information:

Time: 6 p.m. - 7:30 p.m.

Where: Alzheimer's Association Chapter Office

Address: 2242 W. Holcombe Blvd.,
Houston, TX 77030

Fee: \$25 per individual/ \$40 per couple

RSVP: Call 800.272.3900 or 713.314.1313.

Seating is Limited.

This program is supported, in part, by the City of Houston acting as the Harris County Area Agency on Aging.

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Houston & Southeast Texas Chapter

When More Care is Needed:

Options for Long Term Care

Registration Form

Name (please print) _____

Email _____

Address _____

City _____ State _____ Zip _____

Day Phone (_____) _____ Evening Phone (_____) _____

Registration Type:

Individual \$25

Couple \$40

Payment information:

Credit Card: Visa Mastercard Discover American Express

Exp. Date ____/____/____ Amount to be Charged _____

Credit Card Number _____

Cardholder's Name _____

Cardholder's Signature _____

Check: Check # _____ Name on Check _____

Make checks payable to the Alzheimer's Association

Total Amount Enclosed _____

How did you hear about this series?

E-Mail

Friend or co-worker

E-Newsletter

Website

Flyer

Other (please specify) _____

Mail the completed registration form with payment to **Alzheimer's Association, 2242 W. Holcombe Blvd., Houston, TX 77030** or fax to the attention of **Katie Olson** at **713.314.1315**.

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