



## Wisconsin Alzheimer's Institute

UNIVERSITY OF WISCONSIN  
SCHOOL OF MEDICINE AND PUBLIC HEALTH

# EMS Visitor Program Training



## Deer-Grove EMS

Presented by:

Molly Schroeder and Sarah Endicott

Wisconsin Alzheimer's Institute

# TRAINING OBJECTIVES

- Describe the overall goal of the EMS Visitor Program
- Identify the criteria for eligibility and ineligibility of individuals
- Recognize the process of how to employ the visiting process
- Understand the completion requirements of data collections forms



# PROJECT OVERVIEW

- **SUMMARY:** Utilize existing formal supportive services (EMS) to identify and support individuals with dementia living alone.
- **TARGET GROUP:**
  - Elderly who live in the Deer Grove community
  - Self-reported diagnosis of dementia or suspected dementia/cognitive impairment
  - Living without in home services to support health and well-being
- **GOAL:** To enable people with dementia to live at home for as long as possible, by connecting them to community-based services and reduce the use of unnecessary emergency medical services.



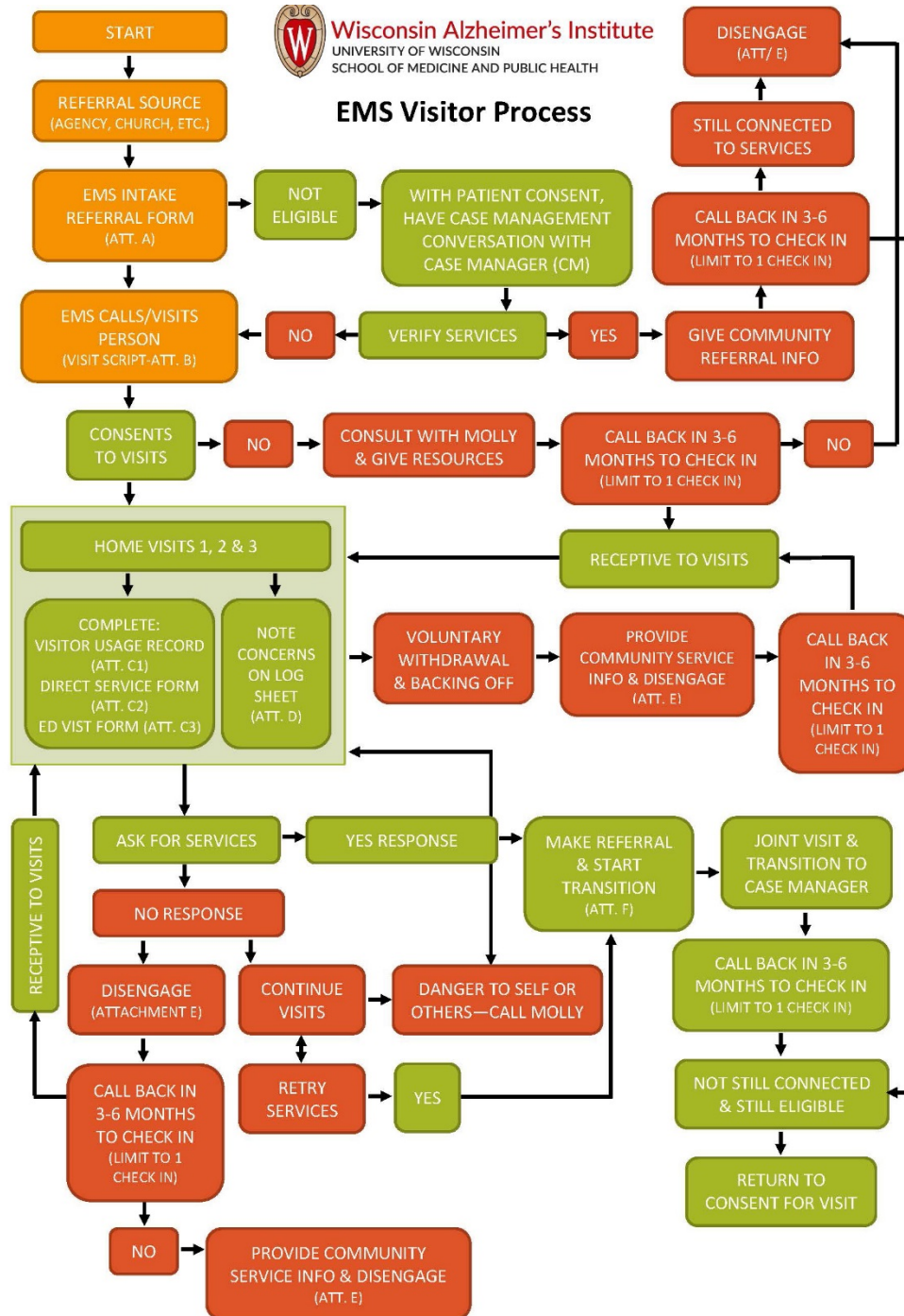
# FLOWCHART

(aka, “Waterfall”)





### EMS Visitor Process



# INTAKE

## (Attachment A)

- Intake Form (Attachment A) **REQUIRED** for purposes of study
- Referrals
  - Current EMS Patients
  - Community Members
- Eligibility
  - Home “alone” (functionally alone)
  - Has dementia, or suspected dementia
  - Living without adequate ongoing services in place
- Check with Senior Center if they are already involved
- Questions...call or email Molly (608-262-6910; mjschroeder3@wisc.edu)



EMS VISITOR ASSIGNED: \_\_\_\_\_

CASE# \_\_\_\_\_

ATTACHMENT A  
EMS BASIC INTAKE  
(\*EMS can obtain the information at any time)

<b>Deer Grove EMS Visitor Program</b>			Date: _____
First Name:	Last Name:	M.I.:	
Address: City/State: Zip Code:		Urban: ____ Rural: ____ Geographic location missing: ____	
Home Phone:	Cell Phone:	Email:	
Living Arrangement:	Reason for Referral/Source:	Gender:	Age:
Alone _____ With Spouse/Family _____ With Friend(s) _____	Reason: _____ Source: _____ Affiliation: _____ Contact phone #: _____	Male: ____ Female: ____	Under 60: ____ 60+: ____ Age missing: ____
Person with Dementia by Ethnicity:  Hispanic or Latino: ____  Not Hispanic or Latino: ____	Person with Dementia by Race ( √ all that apply): White: ____ American Indian or Alaska Native: ____ Asian: ____ Black or African American: ____ Native Hawaiian or Other Pacific Islander: ____	Veteran Status:  Veteran: ____  Non-Veteran: ____	
<b>Determining Eligibility for the Visitor Program</b> (if any questions, call Molly at 608-262-6910): 1) If they functionally (may have someone living with them, but not engaged or supporting them-see Attachment A addendum on next page) live alone <b>and</b> : 2) they have dementia <b>→ Go do visit</b> 3) Find out if they have any services (eg, community case management, home chore help, personal care workers, caregiver supervision, home delivered meals). Circle any services they have. 4) If Yes→Give referral info and disengage 5) If functionally (may have someone living with them, but not engaged or supporting them- see Attachment A addendum on next page) no→ Start Doing Visits  Eligible _____ Not Eligible _____			

**ATTACHMENT A- Addendum  
Caregiver Involvement**

In some situations, the client may report they have a caregiver who helps them frequently, and therefore they may report not needing further services or supports.

If the client reports they have a caregiver involved to help them (ic, family member or paid caregiver), ask the following questions to help determine the level and functionality of support being provided:

- *Who is the caregiver?*
- *How often do they visit and for how long?*
- *Please tell me what they help you with?*

Request permission to speak to the caregiver to get their perspective on the situation. This may help to determine the feasibility and functionality of the support being offered. The caregiver may be able to give their perspective on the assistance they are providing and whether or not it is something they feel comfortable continuing to do, versus feeling obligated to do.

**\*\* Submit this form to Eric Lang biweekly\*\***



# EXAMPLE #1 Eligible Client



- ✓ “Functionally” lives alone
- ✓ Has dementia or suspected cognitive impairment
- ✓ Limited or no services
- ✓ \*\* Check with case managers at local senior center to verify\*\*





EMS VISITOR ASSIGNED: **FV001**

CASE# **PWD002**

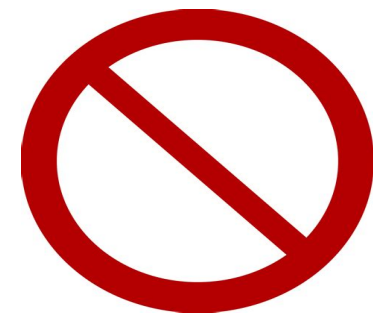
ATTACHMENT A  
 EMS BASIC INTAKE  
 (\*EMS can obtain the information at any time)

<b>Deer Grove EMS Visitor Program</b>		Date: <b>4/3/19</b>
First Name: <b>Jane</b>	Last Name: <b>Doe</b>	M.I.: <b>J</b>
Address: <b>123 Sesame Street</b> City/State: <b>Cottage Grove, WI</b> Zip Code: <b>53527</b>		Urban: <b>X</b> Rural: _____ Geographic location missing: _____
Home Phone: <b>867-5309</b>	Cell Phone: N/A	Email: N/A
Living Arrangement:  Alone <b>X</b> With Spouse/Family _____ With Friend(s) _____	Reason for Referral/Source:  Reason: <b>Frequent falls</b> Source: <b>Concerned neighbor</b> Affiliation: _____ Contact phone #: <b>555-5555</b>	Gender:  Male: _____ Female: <b>X</b>
		Age:  Under 60: _____ 60+: <b>X</b> Age missing: _____
Person with Dementia by Ethnicity:  Hispanic or Latino: _____  Not Hispanic or Latino: <b>X</b>	Person with Dementia by Race (✓ all that apply): White: _____ American Indian or Alaska Native: _____ Asian: _____ Black or African American: <b>X</b> Native Hawaiian or Other Pacific Islander: _____	Veteran Status:  Veteran: <b>X</b>  Non-Veteran: _____
<b>Determining Eligibility for the Visitor Program</b> (if any questions, call Molly at 608-262-6910): 1) If they functionally (may have someone living with them, but not engaged or supporting them-see Attachment A addendum on next page) <b>live alone and</b> :  2) they have <b>dementia</b> → Go do visit  3) Find out if they have any services (eg, community case management, home chore help, personal care workers, caregiver supervision, <b>home delivered meals</b> ). Circle any services they have.  4) If Yes→Give referral info and disengage  5) If functionally (may have someone living with them, but not engaged or supporting them- see Attachment A addendum on next page) no→ Start Doing Visits  <div style="display: flex; justify-content: space-between;"> <span><b>Eligible X</b></span> <span>Not Eligible _____</span> </div>		

**\*\* Submit this form to Eric Lang biweekly\*\***



**EXAMPLE #2**  
**NON-Eligible Client**



- Does not live in Deer Grove service area
- No dementia or suspected dementia
- Lives with others **HELPING** to take care of them
- Receiving regular, ongoing services



EMS VISITOR ASSIGNED: **FV002**

CASE# **PWD007**

ATTACHMENT A  
**EMS BASIC INTAKE**  
 (\*EMS can obtain the information at any time)

<b>Deer Grove EMS Visitor Program</b>		Date: <b>4/3/19</b>	
First Name: <b>John</b>	Last Name: <b>Doe</b>	M.I.: <b>J</b>	
Address: <b>123 Friendly Neighbor Street</b>		Urban: _____	
City/State: <b>Middleton, WI</b>		Rural: <input checked="" type="checkbox"/>	
Zip Code: <b>53562</b>		Geographic location missing: _____	
Home Phone: <b>867-5309</b>	Cell Phone: <b>N/A</b>	Email: <b>N/A</b>	
Living Arrangement:	Reason for Referral/Source:	Gender:	Age:
Alone <input checked="" type="checkbox"/>	Reason: <b>General concern about confusion</b>	Male: <input checked="" type="checkbox"/>	Under 60: _____
With Spouse/Family _____	Source: <b>Betty from church</b>	Female: _____	60+: <input checked="" type="checkbox"/>
With Friend(s) _____	Affiliation: _____		Age missing: _____
	Contact phone #: <b>555-5555</b>		
Person with Dementia by Ethnicity:	Person with Dementia by Race (√ all that apply):	Veteran Status:	
Hispanic or Latino: _____	White: _____	Veteran: _____	
Not Hispanic or Latino: <input checked="" type="checkbox"/>	American Indian or Alaska Native: <input checked="" type="checkbox"/>	Non-Veteran: <input checked="" type="checkbox"/>	
	Asian: _____		
	Black or African American: <input checked="" type="checkbox"/>		
	Native Hawaiian or Other Pacific Islander: _____		
<b>Determining Eligibility for the Visitor Program</b> (if any questions, call Molly at 608-262-6910): <ol style="list-style-type: none"> <li>1) If they functionally (may have someone living with them, but not engaged or supporting them-see Attachment A addendum on next page) live alone <u>and</u>:</li> <li>2) they have dementia</li> </ol> <p>→ Go do visit</p> <ol style="list-style-type: none"> <li>3) Find out if they have any services (eg, <b>community case management</b>, home chore help, <b>personal care workers</b>, caregiver supervision, home delivered meals). Circle any services they have.</li> <li>4) If Yes→Give referral info and disengage</li> <li>5) If functionally (may have someone living with them, but not engaged or supporting them- see Attachment A addendum on next page) no→ Start Doing Visits</li> </ol> <p style="text-align: center;">Eligible _____ Not Eligible <input checked="" type="checkbox"/></p>			

**\*\* Submit this form to Eric Lang biweekly\*\***



# COMMUNICATION TIPS AND SCRIPT (Attachment B)

## ATTACHMENT B EMS- COMMUNICATION TIPS & VISIT SCRIPT

DO'S	DON'TS
Schedule visits at time of day when they are usually at their best (avoid late afternoon/early evening due to sundowning)	Speak too loudly
Minimize distractions- turn down/off the TV, loud music	Say "Don't you remember?" This can cause anger and embarrassment.
Keep your tone and body language friendly and positive	Point out mistakes. It can cause embarrassment and derail the conversation
Make eye contact and stay at their level (kneel down if they are in a wheelchair)	Assume they don't remember anything. Many people with dementia have moments of clarity
Introduce yourself each time	Take mean comments personally. Dementia can cause more irritability, fear and anger
Speak slowly and in short sentences with only one idea per sentence (eg, Hi Mary, I'm Bob. What a beautiful day.)	Talk down to them. They are not children and should still be shown respect
Give them extra time to speak or answer questions; avoid temptation to answer for them	Talk about them with other people as if they are not there
Use open-ended questions; there are no right or wrong answers	Give multiple choices. Instead, say "Do you want milk or water?" Or show the options to make easier to pick
Be okay with sitting in silence and know that words are a small part of communication. Observe body language	Ask what they want to talk about or ask multiple questions.
Follow their lead	Force conversations or activities
Validate their feelings. Allow their expression of feelings	Argue or correct their feelings. Instead say, "You sound upset. I would be too."
Meet them where they are at. Enter their reality. Go with the flow even if their conversation is untrue or does not make sense. Act like you've heard everything for the first time.	Correct their comments if they are untrue. If the person talks about taking a trip to Paris, talk about it as if it's happening or discuss other trips
Share and discuss memories of the past. They are more likely to remember from a long time ago	Discuss memories if the person seems distraught or uncomfortable. Instead, attempt to redirect
Participate in an activity they enjoy such as reading out loud, looking through photo albums, working on a puzzle	Assume that an activity they enjoyed one day, they will enjoy the next. Dementia can change things day to day
Give hugs, pats on the back if the person gives permission and enjoys it	Crowd their personal space. This can make the person feel cornered and unsafe
Remember you are in their home and their personal space.	Grab items in their home without asking. Instead, say "Can I look at this beautiful picture?"
Give compliments.	Make comments that could be interpreted as negative.

### Script:

While keeping the above Do's and Don'ts in mind, understand that it's normal and okay to feel nervous with the initial visits. Remember, this is about them. Focus on the individual and the outcome to be achieved. Understand that each day, each situation can be new to the person with dementia. Preparing, being positive and flexible are the keys to a successful visit.

\*\*To be culturally respectful, begin each greeting by addressing them by Ms. or Mr., and then ask them how they want to be addressed.

- A. **Initial Call:** "Hi Ms. Smith, my name is Bob. I am a paramedic in Verona. Sally at your church called us on your behalf. We have a special program for people in our community where we check on them sometimes. I would like to come visit with you soon. Is that okay?"
  - a. **If person says 'no':** I understand you're busy. I'm sure you do have everything taken care of. I'd like to do meet with you once to check in and tell you more about what I do.
- B. **Initial Visit:** "Hi Ms. Smith, my name is Bob. I scheduled a visit with you today. May I come in? You look very nice. That is a pretty sweater! What a beautiful home you have."
  - a. **If not eligible** (eg, does not live alone, probably no dementia, has services): "Well, Ms. Smith you seem to be doing well and taking good care of yourself. I know of some great people at the ADRC that are able to help you if you do have any questions come up. Their number is 240-7400."
- C. **Redirection or Conversation Starter:** "Hi Mr. Rogers, I understand you are tired today. I am too! It's cold outside. May I come in to schedule another time? Is this your cat? I love cats!"

"Hi Mr. Ingalls, I am so happy to see you. Could I meet your dog? I love dogs!

"Look what I found outside your door...your newspaper! I would like to look at it with you."

"Tell me more about this blanket..."

"Tell me more about this plant..."

"This is a beautiful picture. Tell me about your memory of this..."



# VISIT and DATA FORMS



- **VISITOR USAGE** (Attachment C1)
- **DIRECT SERVICE FORM** (Attachment C2)
- **ED VISIT FORM** (Attachment C3)
- **OBSERVATION LIST** (Attachment D)

# VISITOR USAGE (Attachment C1)

- **PURPOSE:** Track dates of visits, time spent, if services were offered to the person and if they accepted.
- Verifies # of visits had and when referrals to case management are made.
- Acts as a reference point when discussing visits during consultation.



### EMS VISITOR USAGE RECORD

**(Attachment C1)**

(One sheet per client; complete this form after each visitor meeting)

Client's Name: Jane Doe

Case #: PWD003

EMS Visitor's Name: Lisa Antoniewicz

Contact Date	Duration (Min/Hr)	Accepted/Declined Visit (A or D)	Were case management services offered? (yes or no)	Did they accept services (yes or no)	Was APS initiated (yes or no)
4/15/19	1.0	A	No	N/A	No
4/24/19	1.5	A	No	N/A	No
5/8/19	.5	D	Yes	No	Yes
5/22/19	1.0	A	Yes	No	No
6/1/19	1.25	A	Yes	Yes	No



# DIRECT SERVICE TIME (Attachment C2)

- **REQUIRED** for purposes of study
  - Use best estimates of time if unknown
- **PURPOSE:** Tracking direct service time related to project to verify level of services being met for the grant





**DIRECT SERVICE FORM  
(Attachment C2)**

**DEMENTIA CAPABLE WI GRANT  
FITCHRONA EMS VISITOR PROGRAM**

EMS Name: Lisa Antoniewicz

Month/Year: April 2019

<b>Date</b>	<b>EMS Consultation Time</b> (time in consultation with social worker)	<b>EMS Travel Time</b> (Travel time to/from trainings and to visits with clients)	<b>EMS Visiting Time</b> (Amount of time visiting with client)	<b>EMS Administrative</b> (time spent filling out paperwork, looking up case records, etc)
4/5/19		.50	0	0
4/8/19		.50	0	0
4/12/19		.50	0	0
4/15/19	.50		1.0	.25
4/24/19	.25		1.5	.25
5/8/19	1.0		.5	.25
5/22/19	.75		1.0	.25
6/1/19	.25		1.25	0
<b>TOTAL</b>				



# EMERGENCY ROOM VISIT FORM (Attachment C3)

- Tracking unplanned emergency medical services
- Some medical trips may be in your system; others will be self reported. Check with Eric to verify if they were transported by EMS.
  - If client transported via other means (ie, family took them), please add info in notes section.
- Goal: See reduction in use of emergency services
- Submit ED visit form every two weeks to Eric



## Hospital & Emergency Department (ED) Visit Verification for EMS Visitor Evaluation

For each Friendly Visitor visit for the individual below, please list the number of ED visits for the individual since the last visit. Please call Molly Schroeder at 608-262-6910 with questions. Forms can be faxed to 608-265-9122, ATTN: Molly Schroeder

PWD Number	Date of Initial Visit	Number of ED Visits in 12 months prior to Initial Visit	Date of FV Visit	Number of ED Visits since last visit
PWD003	8/11/2017	3	Visit #1	0
<p>Notes: Pt reports she went to the ER a couple of times since last visit; believes she was kept overnight for one visit but unsure. Pt reports both time she felt dizzy and didn't have her walker by her.</p>			Visit #2	0
			Visit #3	2
			Visit #4	0
			Visit #5	0
			Visit #6	0
			Visit #7	1

Name of EMS Friendly Visitor Sending Form: RossCummings Phone: \_\_\_\_\_



# OBSERVATION LIST

## (Attachment D)

- Not required, but encouraged
- **Purpose**: To note your observations, concerns, and putting the pieces together after the visit.
  - List will help track topics to discuss during consultation
  - List will provide a clearer picture of what assistance the person may need in the home and help guide when to refer to case management.
  - List gives you opportunity to focus one-on-one with the person during the visits, and record information later.



ATTACHMENT D  
OBSERVATION CHECKLIST/NOTES

PEOPLE WITH DEMENTIA LIVING ALONE ASSESSMENT

Concerns to refer to Case Manager	Concerns to report to Adult Protective Services for Crisis	Concerns to address with client's physician ( <i>ask person if a call can be made to their MD</i> )
<p><input type="checkbox"/> Phone calls or conversations with concerned neighbors</p> <p><input type="checkbox"/> Vegetative/socially isolated behaviors</p> <p><input type="checkbox"/> Missing/hiding belongings</p> <p><input type="checkbox"/> Thoughts of paranoia, hallucinations, delusions that are not significant or pose a threat</p> <p><input type="checkbox"/> Poor grooming/hygiene, soiled appearance, wearing same clothes</p> <p><input checked="" type="checkbox"/> Not able to manage bowel/bladder care</p> <p><input type="checkbox"/> Repeated calls to family/friends</p> <p><input type="checkbox"/> Repeated calls to EMS w/o a cause</p> <p><input checked="" type="checkbox"/> Dirty/cluttered household</p> <p><input type="checkbox"/> Food stored inappropriately</p> <p><input type="checkbox"/> No food/rancid food in the home</p> <p><input type="checkbox"/> Lack of safety with stove, power tools, etc.</p> <p><input type="checkbox"/> Unable to take medications correctly</p> <p><input type="checkbox"/> Eviction notice served</p> <p><input type="checkbox"/> Taken advantage by family/friends/neighbors</p>	<p>❖ Posing an immediate threat to self or others-call law enforcement</p> <p><input checked="" type="checkbox"/> Thermostats not set appropriately for weather conditions</p> <p><input type="checkbox"/> Extreme of out of control paranoia, hallucinations, delusions, aggression, thoughts of suicide</p> <p><input type="checkbox"/> Threatens violence with/without weapons</p> <p><input checked="" type="checkbox"/> Evidence of abuse/injuries</p> <p><input type="checkbox"/> Wandering</p> <p><input type="checkbox"/> Unsafe driving/refuses to stop driving</p> <p><input type="checkbox"/> Neighbors calling police</p> <p><input type="checkbox"/> Refuses personal care for prolonged periods of time</p>	<p><input type="checkbox"/> Observable weight loss; protruding bones</p> <p><input checked="" type="checkbox"/> Chronic anxiety, worry, depression</p> <p><input type="checkbox"/> Medication concerns</p> <p><input type="checkbox"/> Pain</p> <p><input type="checkbox"/> Gaping Wounds</p>



# CONSULTATION

- **WHAT IS IT?** Opportunity to formally discuss the process with the social worker and brainstorm together on situations.
- **PURPOSE:** To support you, help answer questions, and proactively address situations and concerns. Provides opportunity to share feedback, discuss challenges and review how the overall process is going.
- **HOW OFTEN?** After each home visit, or as needed
- **WHAT WILL BE ASKED?:** How is it going? What's working? What isn't? Reminders to collect data.



# COMMUNITY REFERRAL AND DISENGAGEMENT (Attachment E)

## Disengage (“backing off”) and Script (Attachment E)

### *WHAT is disengagement?*

“The action or process of withdrawing from involvement in a particular activity, situation, or group.”  
For the EMS visitor, if the program will not be conducted with the individual or there is an identified need to stop the program, it is time to disengage.

### *WHO would you disengage with?*

For the purposes of the EMS Visitor Program, this step will be necessary for:

- Persons adamant about not wanting EMS visitor or case management services
- Persons who do not qualify for the Visitor Program

### *WHEN should the EMS visitor disengage?*

The simple answer, is as soon as possible. This is important to avoid confusion with the individual about the EMS visitor role and in some situations where there is a safety concern, the individual would best be served by Adult Protective Services. Additionally, it preserves the valuable time and availability of the EMS visitor to work with other eligible and willing persons.

### *HOW should the EMS visitor disengage?*

First, recognize the disengagement step is not always easy or comfortable. That is normal. However, it can be done in a manner that feels respectful to the person you are disengaging from. Consult with other EMS visitors or with Molly if there are questions or concerns on how to do this.

Examples of how to back off: “Mr. Smith, I really enjoyed talking with you today and I hear you saying you do not want help or anyone in your home. If you change your mind in the future, here is some information that you can use if you’d like to talk to someone.” (Provide Mr. Smith info on the ADRC, APS, Senior Centers)

“Mrs. Madison, I really appreciate you letting me stop in today and I am happy to hear you have so much help in your home. I wish I could visit more, but I have a busy schedule with other people I need to see. I do have some information for you if you do have questions or need more help in the future. Thank you again for letting me meet you and I wish you all the best.” (Provide Mrs. Madison info on the ADRC, APS, Senior Centers)

Safety Concern Situation: “Hey Mr. Roberts, I see you are upset (eg, psychotic behaviors, hitting items, disoriented) and I have to get back to my office anyways, so I am going to head out. I would like to help you so I will leave this information here if you decide to call for help later. Thank you for letting me visit you today and maybe we can check in with you later.”

(Call Molly immediately to follow up regarding initiating an APS call).

- After APS assesses client, EMS can check back in later and potentially be able to continue visits.



# LOCAL RESOURCES

## LOCAL RESOURCES



**301 Blankenheim Lane  
Sun Prairie, WI 53590  
608-837-4611**



**5915 Milwaukee Street  
McFarland, WI 53558  
608-838-7117**



**2865 N. Sherman Ave.  
Madison, WI 53704  
608-240-7400**



**1202 Northport Drive  
Madison, WI 53704  
608-242-6200**





# REFERRAL AND TRANSITION PROCESS (Attachment F)

## ATTACHMENT F EMS VISITOR- TRANSITION TO SERVICES/SCRIPT

- 1) Utilize your Motivational Interviewing skills:

Keep in mind what the client's motivating factor is (eg being able to stay in their home, be near their personal belongings, maintaining as much independence as possible)

*"I understand you want to stay in your home and I think you should be able to. What do you think is making it difficult right now for you? Tell me more about what you enjoy doing at home and what would make it easier for you to do that."*

- 2) Recognize signs of the client being open to help. For example, they may say "I wish I had help with my grocery shopping" or "Can you help me with \_\_\_\_":

*"I can see you'd like help with cleaning your bathroom. It is hard work! Luckily, I know of someone who can help you arrange this. They can help you clean your bathroom so you can feel more at home..."*

- 3) Validate their abilities, successes, and openness:

*"Bob, you really seem to be doing great with cooking your meals. I bet you'd like to cook more with help grocery shopping. I know of someone who has help from \_\_\_\_\_. She says they are great!"*

- 4) Recognize and validate their reluctance for help:

*"I understand Mary that you don't want strangers in your home. It is a big change. You didn't know me at first, and now we enjoy each other's company. I can help by meeting with you and the case manager together. Maybe you will give them a try for a couple weeks and then decide from there."*

- 5) With the client's permission and signed Release of Information, call the Verona Senior Center or Fitchburg Senior Center to make client referral.

- a. Let the case manager taking the referral call know the client is involved with the EMS Visitor Program through WAI
- b. Provide them information they need to meet with client
- c. Give them the case # assigned to that individual (case manager will need to keep this number when sharing data back with WAI later)
- d. Schedule a joint visit with client and case manager to make a smooth transition.



# SUBMITTING DATA



- Data reporting forms need to be completed after each visit
- All data reporting forms to be submitted to Eric Lang biweekly
  - Call Molly with any questions on filling them out
- Eric will be the keeper of the forms and will submit them to WAI after the 1<sup>st</sup> months visits





# CLOSING THOUGHTS

- **Pilot Program**
  - Reflect on goal and overall desired outcome
  - We learn as we go and we do it as a team
  - Feedback wanted and encouraged to make this successful!
- **Your Roles:**
  - Do your best and call/email anytime
  - Resist the urge to help provide in home cares and services to the individuals.

**THANK YOU!!!!**



- Thank you for all you do in your daily roles, and especially with this project. Your time, work, dedication, motivation is invaluable.
- **THANK YOU FOR MAKING A DIFFERENCE IN THE LIVES OF OTHERS!**





# QUESTIONS



## CONTACT INFO:

MOLLY SCHROEDER, CSW

Wisconsin Alzheimer's Institute

610 Walnut Street

Madison, WI 53726

608-262-6910

[mjschroeder3@wisc.edu](mailto:mjschroeder3@wisc.edu)

