THE BRIDGE
Alzheimer's & Dementia
Resource Center

Every Step Together

A Caregiver's Guide to Navigating Dementia

2026

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Introduction

Caring for a loved one with Alzheimer's or another form of dementia is both an act of love and a significant challenge. As the disease advances, it impacts every part of life—memory, thinking, communication, and daily activities—leading to changes that can be hard to understand and manage. For caregivers, these changes can be emotionally, physically, and mentally exhausting, often leaving little time for their own well-being.

This resource guide was designed to provide practical information, encouragement, and support for those navigating the journey of dementia care. Inside, you will find guidance on understanding the stages of the disease, effective communication strategies, tips for creating a safe and supportive environment, and ways to manage common behavioral changes. You'll also find information on self-care, community resources, and where to turn for help when you need it most.

Whether you're just starting your caregiving journey or have been walking this path for some time, our goal is to equip you with knowledge, tools, and reassurance. You're not alone, there is a community ready to walk beside you, offering understanding, compassion, and hope.

The Bridge Alzheimer's & Dementia Resource Center is located at:
851 Olive Street, Shreveport, LA 71104

Our Hours
Monday – Thursday: 8:30 AM – 4:30 PM
Friday: 10:00 AM – 2:00 PM
Saturday – Sunday: Closed

Contact and Learn More
318-656-4800 | alzbridge.org

Learn More

Letter From The Bridge

Dear Friends of The Bridge,

Welcome to the 2026 edition of The Bridge's caregiver guide. As the Executive Director of The Bridge Alzheimer's and Dementia Resource Center, I am delighted to present this comprehensive guide designed to provide you, the caregiver, with resources and assistance during your journey.

The mission of The Bridge Alzheimer's & Dementia Resource Center is to provide resources, education, and support services for those in our community diagnosed with Alzheimer's disease and related dementias, as well as to their family members and caregivers, and to promote awareness in our community.

This caregiver guide serves as a foundation of that mission, making it easier to navigate the services we offer. Inside these pages, you will find contact information, the services we provide, and step-by-step resource guide for utilizing our services.

Whether you are looking for the stages of Alzheimer's or another dementia, communication strategies or caregiver tools and techniques, this directory is your roadmap. Our dedicated and experienced team works tirelessly to keep this information accurate and accessible so that you can quickly find the support or connections you need. We are deeply committed to creating a community where no one affected by Alzheimer's or another dementia makes the journey alone.

We encourage you to keep this caregiver guide handy and to share it with others who might benefit from our organization. If you have any feedback on how we can improve our services, or if your organization would like to be included in future editions, please do not hesitate to reach out to us at info@alzbridge.org or 318-656-4800.

Thank you for allowing us to be on this journey with you and provide you with education, resources and support during this time. We look forward to working together to build a stronger, more dementia-friendly community in Northwest Louisiana and the nine parishes we serve.

Sincerely,
Toni Goodin, MHA
Executive Director

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Activity Assistant

About The Bridge

Our Mission

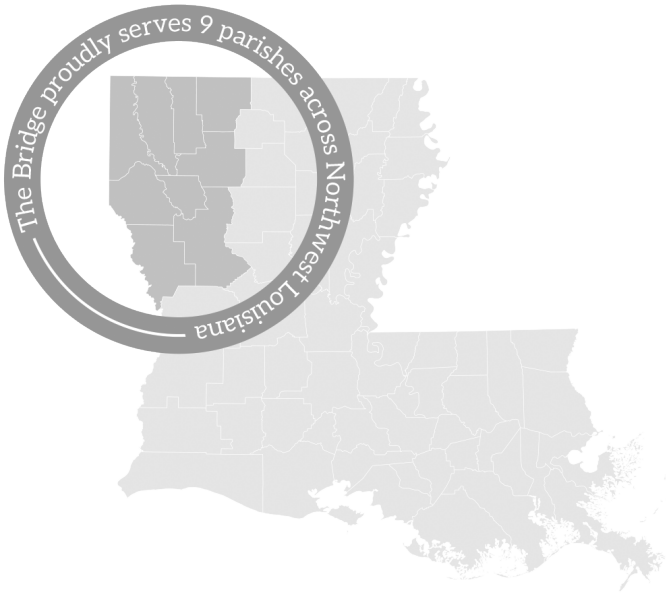
The mission of The Bridge Alzheimer's & Dementia Resource Center is to provide resources, education, and support services for those in our community diagnosed with Alzheimer's disease and related dementias, as well as to their family members and caregivers, and to promote awareness in our community.

About Us

The Bridge Alzheimer's & Dementia Resource Center is a 501(c)(3) nonprofit organization founded by a coalition of individuals whose lives had been deeply touched by Alzheimer's disease and other dementias. Recognizing the lack of local resources, education, and support, these founding members set out to create a place where families could turn for guidance, information, and hope.

Our Reach

The Bridge provides support services to nine parishes in Northwest Louisiana.



Parishes We Serve:

Caddo
Bossier
Webster
Claiborne
Bienville
Red River
DeSoto
Sabine
Natchitoches

About The Bridge

Our Services

Details about each service are continued on the following pages.

- Adult Day Center (Respite Care)
- Memory Screenings
- Caregiver Support Groups (In-person and Online)
- Confidential Counseling
- Caregiver Guide & Educational Resources
- Annual Education Conference
- Community Forums
- Speakers Bureau
- Light The Way Podcast

> "We have learned so much in our support group. I love caring for my wife but there's so much to learn about Alzheimer's disease and this is where I come with my questions."
>
> SUPPORT GROUP MEMBER

Your Support Makes This Possible

All donations made to The Bridge are used to provide services in our local community. The Bridge is financially supported by donations, corporate partnerships, fundraising events, and grant opportunities.

Please make checks payable to The Bridge Alzheimer's & Dementia Resource Center.

Make A Donation

The Bridge Services

THE BRIDGE
Adult Day Center

Learn More, View Hours, & Apply

ONE DAY of respite CAN ADD 23 DAYS to the life of a caregiver.

The Adult Day Center offers a safe, supportive environment where trained staff and volunteers welcome participants for a day of carefully planned activities aimed at promoting cognitive stimulation and social interaction.

- Painting, Arts & Crafts
- Puzzles & Games
- Exercise
- Quiet Time
- Special Guests – From therapy dogs to magicians, there's something for everyone!

Light The Way Podcast

Light the Way is a new podcast designed to guide individuals and families navigating the Alzheimer's and dementia journey.

Hosted By:
Toni Goodin, Executive Director
Laura Gauthier, Assistant Executive Director

Created to extend the reach of The Bridge, Light The Way shares trusted resources, meaningful conversations, and timely information from professionals, caregivers, and community partners to those who may be unable to visit in person or who live outside Northwest Louisiana.

Listen & Learn

Memory Screenings

Free, confidential memory screenings are available at our office. These non-diagnostic, 15–20 minute evaluations provide a helpful baseline for anyone who is curious or concerned about their memory.

Call our office at (318) 656-4800 or scan the QR code to request an appointment.

Schedule a Screening

Support Groups

We offer monthly Support Groups and Grief Groups throughout the nine parishes that we serve. Please scan the QR code to find a group in your area.

Find Support Groups

Confidential Counseling

Counseling sessions are available at no charge for caregivers & individuals with dementia. Call our office at 318-656-4800 to request an appointment.

Annual Education Conference

The Bridge Alzheimer's & Dementia Resource Center's Annual Education Conference: Engage, Empower, Educate, aims to provide practical knowledge, meaningful support, and renewed inspiration for those caring for individuals living with dementia.

6TH ANNUAL
ENGAGE. EMPOWER. EDUCATE.
CONFERENCE
on Alzheimer's & Dementia

Learn More

Glossary of Terms

Activities of Daily Living (ADL) – A person's daily routine of basic functions; examples include dressing, bathing, personal hygiene, eating, walking, and other personal activities. Many diagnostic tests measure activities of daily living to determine the level of care a person may need.

Acute Care Hospital – A hospital that provides care to individuals who have had a recent onset of an illness, injury, or worsening symptoms of a chronic illness requiring immediate and continual care by physicians, skilled nurses, and therapy staff to restore good health. These facilities provide emergency rooms, operating rooms, critical care units, surgery care units, and medical units.

Adult Day Care - A day program providing health, social, and functional support to elderly and disabled adults in a group setting outside the home; it can be utilized as a source for respite care outside the home.

Alcohol Induced Dementia – A brain disorder caused by regularly drinking too much alcohol for several years. It is caused by a severe deficiency in thiamine.

Alzheimer's Disease (AD) – A disease that causes cells in the brain to die. Over time, this cell death affects the brain's ability to process information, causing memory-loss as well as problems with thinking and reasoning, orientation, language, behavior, and personality changes. As the disease progresses, individuals eventually lose the ability to live independently.

Assisted Living Facility – A facility offering twenty-four-hour staff with private dwelling units. These facilities are designed for individuals who have difficulty functioning independently and require assistance with normal daily activities such as dressing, grooming, bathing, and medication reminders.

Creutzfeldt-Jacob Disease – A rare neurodegenerative disease that rapidly, progressively, and severely affects the brain. Also known as mad cow disease.

Custodial Care – General level of care providing assistance with activities of daily living but does not require continued care by trained medical personnel.

Dementia – An umbrella term for a collection of symptoms that are caused by disorders affecting the brain and impact memory, thinking, behavior, & emotion.

Durable Financial Power of Attorney – A legal document that authorizes a trusted person to handle the financial affairs of the individual who creates it if they become unable to do so.

Durable Medical Equipment (DME) – Medical equipment prescribed by a physician that is used for the treatment of an illness or injury. (Examples include wheelchairs, hospital beds, and oxygen)

Durable Power of Attorney for Healthcare (also known as a Healthcare Proxy or Medical Power of Attorney) – A legal document that allows an individual (the principal) to designate someone they trust to make medical decisions on their behalf if they become incapacitated or unable to make decisions themselves.

Frontotemporal Disease – Progressive degeneration of the temporal and frontal lobes of the brain affecting personality, speech, walking, and behaviors.

Home Health Care (HH) – Care and treatment provided in a person's home through visits by healthcare professionals, including nurses, social workers, physical therapists, occupational therapists, speech therapists, and home health aides. This care is prescribed and managed by a physician.

Hospice – Service providing comfort-focused, supportive care by professionals and trained volunteers for individuals with terminal illnesses and their families. Care may be provided in the home or in a facility, such as a hospital, nursing home, or dedicated hospice facility.

Huntington's Disease Dementia – Genetic, inherited condition that causes a slow, progressive decline in a person's movement, memory, thinking, and emotional state.

Independent Hospice Facility – Freestanding facility designed specifically to provide inpatient hospice care. Beneficial for patients without primary caregivers or caregivers unable to manage the overwhelming tasks associated with the terminally ill, who need up to 5 days of respite care, or may allow brief admission for critical medical needs that cannot be met in a home environment.

Independent Living Facility – Residential community offering private living spaces, such as apartments or cottages, with bedrooms, bathrooms, living areas, and kitchens for adults who can live independently. While these communities typically do not provide personal care or medical services, many offer optional amenities such as communal dining, housekeeping, linen service, transportation, recreational activities, and social programs. When these supportive services are included in an independent living setting, the community may also be referred to as Congregate Housing.

Lewy Body Dementia – Abnormal deposits of protein that develop inside nerve cells that affect thinking, movement, behavior, and mood.

Living Will – A legal document that outlines a person's wishes regarding medical treatment in the event they are unable to communicate their decisions due to illness or incapacity. It typically addresses end-of-life care, such as the use of life-sustaining therapies like mechanical ventilation, feeding tubes, and resuscitation (CPR).

Long Term Acute Care Hospital (LTAC) – Hospital specializing in the treatment of individuals with medically complex conditions who require an extended stay in an acute care setting. These hospitals provide ongoing physician oversight, skilled nursing care, specialized therapies, and continuous monitoring in critical care and medical units to promote recovery and improve function. LTACHs do not provide emergency department or operating room services. Local examples include Promise Hospitals, Lifecare Hospitals, and Cornerstone.

Long Term Care Facility (LTCF) – A facility licensed by the state as a nursing home that provides skilled nursing services, intermediate care, and custodial care.

Long-Term Care Coverage – Insurance coverage that helps pay the cost of long-term care, which is generally not covered under a regular health insurance plan, Medicare, or Medicaid.

Medicaid – A federal and state-funded program that helps pay for healthcare and long-term care services to eligible individuals.

Medicare – Federal health insurance program for individuals age 65 and older, certain individuals under age 65 with qualifying disabilities, and people of any age with end-stage renal disease (permanent kidney failure requiring dialysis or a kidney transplant).

Memory Care Unit – A special unit, wing, or facility designed to provide a secure, supportive environment for individuals with memory loss or dementia. These settings are structured to reduce sights and sounds that may cause confusion and agitation, and are staffed by professionals trained to encourage engagement, comfort, and positive behaviors.

Mixed Dementia – When abnormalities characteristic of more than one type of dementia occur simultaneously.

Non-medical In-Home Care – Care assisting with ADLs, companionship, meal preparation, and light housekeeping.

Outpatient Rehab – Programs designed on an outpatient basis for patients who are moderately stable and will benefit from a formal rehab program to build physical endurance, improve mental and cognitive function, or manage pain. (Examples include Pulmonary Rehab and Cardiac Rehab programs available at Willis-Knighton and CHRISTUS Schumpert.)

Parkinson's Disease Dementia – Decline in thinking and reasoning that develops in many people living with Parkinson's.

Rehabilitation (Rehab) Hospital - A facility that provides extensive rehabilitation therapy on an inpatient basis for patients recovering from physically debilitating conditions, such as complex orthopedic disorders and/or neurological disorders and injuries. These facilities provide intensive physical and occupational therapy programs designed for patients who can tolerate at least 3 hours of therapy per day.

Respite Care – A service providing care for individuals requiring continual assistance. This service provides relief for family members and friends who serve as primary caregivers. This service is provided in the home and out of home at adult day care centers and skilled nursing facilities.

Skilled Nursing Facility – A facility providing full-time supervision by skilled nursing staff and generalized rehab therapy. These facilities are located within hospitals, rehabs, and nursing homes. Skilled nursing units within a nursing home can accept patients for a temporary stay until the patient recovers and is able to return home.

Vascular Dementia – Caused by a block or reduction of blood flow to the brain, depriving the brain cells of vital oxygen and nutrients.

Stages of Alzheimer's & Dementia

We know and understand how hard dementia is. It is a disease that has only on the job training and each minute, hour, and day look different. We put together a guide to hopefully help you navigate a little easier. This is not something that should only be used, but we want you to know as a caregiver what might be ahead at each stage of the journey. We will follow the 7 Stages of Dementia that is written out in detail below.

Recommended Reading

The 36 Hour Day
by Nancy L. Mace, MA & Peter V. Rabins, MD, MPH

I F'n Hate Dementia
by Ashley Ivy, MCD, SLP-CCC

View Additional Resources

No Cognitive Decline

No complaints of memory loss. No memory deficit evident on clinical screening.

Very Mild Cognitive Decline

Complaints of memory loss, forgetting where they have placed familiar objects, and cannot remember names as well. They are aware of their memory loss and are appropriately concerned about it.

Things to Consider:

- Powers of Attorney
- Wills/Trusts/Living Wills
- Talking with family about changes

Mild Cognitive Decline

- Difficulty retaining information after reading a passage
- Difficulty with finding words or names
- May misplace an object of value
- May get seriously lost when traveling to unfamiliar locations

Things to Consider:

- Individual or Family Counseling
- Support Groups
- Adult Day Center
- Council on Aging assistance

Moderate Cognitive Decline

- Difficulty managing finances or planning
- Loss of personal history
- Decreased ability to travel alone

Things to Consider:

- Individual or Family Counseling
- Support Groups
- Adult Day Center
- In Home Sitters/Caregivers

Moderately Severe Cognitive Decline

- Memory loss and confusion worsen, difficulty recalling their address or telephone number, and the names of close family members
- Driving is hazardous
- Difficulty choosing the proper clothing to wear; may dress themselves improperly
- Require supervision

Things to Consider:

- Individual or Family Counseling
- Support Groups
- In Home Sitters/Caregivers
- Home Health for medication or medical reasons

Severe Cognitive Decline

- Memory and thinking worsen; they may occasionally forget the name of their spouse or family members.
- Will require assistance with activities of daily living
- Personality and behavioral changes include symptoms such as fidgeting or pacing, repetitive behaviors, such as repeatedly pulling at clothes, anxiety symptoms, and agitation.
- Sleep patterns can be significantly disrupted, and there may be a loss of inhibitions, for example, making inappropriate comments or undressing in public.
- May become more agitated, aggressive, or confused in the late afternoon or early evening, a pattern known as 'sundowning'.
- May experience delusions, paranoia, or hallucinations (may accuse their spouse of being an impostor, may talk to imaginary figures).

Things to Consider:

- Individual or Family Counseling
- Support Groups
- In Home Sitters/Caregivers
- Long Term Care Facility/Memory Care Facility
- Hospice

Very Severe Cognitive Decline

- Entirely dependent on others
- Verbal abilities are lost. Unable to respond to their environment or control movement.
- Difficulty swallowing, loss of bowel and bladder control, seizures, and increased sleeping.

Things to Consider:

- Individual or Family Counseling
- Support Groups
- In Home Sitters/Caregivers
- Long Term Care Facility/Memory Care Facility
- Hospice

What To Do When Diagnosed

There are some very important factors you and your family should consider and discuss when a loved one is first diagnosed with Alzheimer's or dementia. Below is a checklist of these factors to help you plan for the future.

- ☐ **Schedule a Consultation at The Bridge –** Meet with one of our certified practitioners to make a plan
- ☐ **Talk About Needs & Goals –** Discuss healthcare preferences, future plans, and financial priorities
- ☐ **Choose a Primary Caregiver –** Identify the person who will be your main source of support and care
- ☐ **Identify a Backup Caregiver –** Think about who could step in if your primary caregiver is unavailable
- ☐ **Complete Legal Documents –** Establish a Living Will and Durable Power of Attorney
- ☐ **Create a Financial Plan –** Meet with a financial professional to help prepare for future care needs and expenses
- ☐ **Learn Together -** Take advantage of The Bridge's educational resources—including support groups, podcasts, community presentations, and our annual conference—to help you and your loved ones navigate the dementia journey with confidence
- ☐ **Attend a Support Group Meeting –** Choose a Bridge Support Group where you can learn, ask questions, and connect with others on a similar journey

Patient's Bill of Rights

The patient's bill of rights act mandates every patient's right to choose the provider of their healthcare services.

Communication Is Key

- **Speak Simply –** Use short sentences, familiar words, and a calm, reassuring tone
- **Make Eye Contact –** Help maintain attention and show that you are fully present
- **Allow Extra Time –** Give your loved one time to process information and respond without rushing
- **Listen with Patience –** Pay attention to their words, tone, body language, and emotions
- **Ask One Question at a Time –** Keep conversations simple to avoid confusion or feeling overwhelmed
- **Be Specific –** Use names and concrete details instead of pronouns like "he" or "they."
- **Use Visual Reminders –** Notes, calendars, labels, and pictures can support memory and daily routines
- **Stay Calm and Reassuring –** Your tone, facial expressions, and body language communicate as much as your words
- **Focus on Connection, Not Correction –** Avoid unnecessary corrections and remember - preserving dignity and building trust are more important than being right
- **Talk About Familiar Topics –** Discuss favorite memories, hobbies, family, and lifelong interests to encourage meaningful conversation
- **Reduce Distractions –** Turn down the TV, limit background noise, and create a quiet environment to make communication easier

Alzheimer's & Dementia Education

Explore curated resources and reading materials designed to provide knowledge and support for those affected by Alzheimer's and other dementias.

View Resources

Caregiver Burnout

Did you know? 40% of caregivers pass away before the person living with dementia.

Caregivers Matter, Too

Caring for a loved one with dementia can be one of life's most meaningful roles, but it can also be physically, emotionally, and mentally demanding. It's important to recognize the signs of caregiver burnout and make your own well-being a priority.

Common Signs of Caregiver Burnout

As a caregiver, it is essential to make time for yourself!

- **Ask For and Accept Help –** Allow family, friends, or professionals to assist with caregiving responsibilities
- **Take Regular Breaks –** Even short periods of rest can make a difference. Explore respite care or adult day programs when needed
- **Connect With Others –** Talk with a trusted friend, join a support group, or spend time with others who understand the caregiving journey
- **Be Kind to Yourself –** Set realistic expectations and remember that doing your best is enough
- **Prioritize Your Health –** Eat well, stay active, get enough sleep, and keep up with your own medical appointments
- **Maintain a Routine –** A consistent daily schedule can reduce stress and make caregiving more manageable.

Caregiver Services

We are here to serve Caregivers. We offer Support Groups, Grief Groups, special joint programming for caregivers and their loved ones, an Adult Day Center for respite care and much more.

- Support Groups
- Education Conference
- Counseling for Caregivers & individuals with dementia
- Adult Day Center
- Community Forums
- Lending Library
- Educational Literature
- Memory Screenings

Learn More

Medicaid Benefits

Medicare does not pay for long-term custodial care, with only limited exceptions. A person who needs nursing home care must pay for it himself unless certain income and resource tests are met. The rules for meeting these financial requirements appear to be simple, but meeting them in the most beneficial fashion can be quite complex.

Income Limit – In Louisiana, if the income of the person entering the nursing home falls below the Medicaid rate for that facility, the income test is met. Medicaid will pay the difference between the person's income and the Medicaid rate. The institutionalized person can retain income of only $38 per month (plus $90 if a qualifying veteran) and enough to pay Medicare and health insurance premiums, but the rest of the income must be paid to the nursing home. However, only the income of the applicant is counted; the income of the spouse who is living at home (the community spouse) is not counted and need not be paid to the nursing home.

Maximum Monthly Maintenance Needs Allowance of $4,066.50 – If the community spouse's income falls below $4,066.50 per month, the institutionalized spouse may transfer enough of his or her income to the community spouse to bring the community spouse's income up to $4,066.50. In many cases, this means that the institutionalized spouse pays nothing to the nursing home, and Medicaid will pick up the entire tab, up to the Medicaid rate for the particular nursing home.

Resource Limit – Resources include anything of monetary value, with certain exceptions, such as a vehicle (even if the person can no longer drive), a prepaid funeral (or up to $10,000 of life insurance coverage), gravesites for the person and family members, most household items, and so forth. The home is also exempt or non-countable, but Medicaid will, with limited exceptions, expect repayment from the sale of the home after the person dies. All resources of a couple are counted, not just those of the institutionalized spouse. For example, if the community spouse has separate property, it is countable.

Applicant of $2,000 – The applicant is allowed countable resources of only $2,000. However, if the applicant is married, additional resources are allowed.

Community Spouse Resource Allowance of $162,660 – Although the applicant is allowed to retain only $2,000 of countable resources, the community spouse may have an additional $162,660.

Patient Liability – When a person receives Medicaid for long-term care, all of his or her income is paid to the facility, except what the person pays for Medicare premiums, other health insurance (such as a Medigap policy), health insurance premiums (if not qualified for Medicare), and a monthly personal needs allowance of $38. Additionally, a qualified veteran is entitled to a special benefit of $90 per month.

Look-Back Period – When an application for long-term care is filed, Medicaid will "look back" to consider any gifts (transfers for less than fair market value) made during the previous five years. Any gifts made more than five years before the application are disregarded; any made during that five-year period are penalized.

Penalty For Gifts And Five-Year Look-Back Period – Any transfer for less than the fair market value during the look-back period will result in a penalty–a time for which Medicaid will not pay nursing home costs. The penalty period is determined by dividing the value of the gift by $5,000 (the average monthly private pay cost, a figure that is slightly out of date). For example, a donation of $100,000, made four years and eleven months prior to the application, will result in a 20-month penalty. In this example, had the application been held another month, when the five-year look back would have expired, there would have been no penalty. The penalty begins to run not when the donation is made but when the person qualifies for Medicaid (is broke) and files an application.

It is important to understand that the look-back period and the penalty for gifting are distinct concepts. Gifts do not automatically disqualify a person for five years, as the penalty period may be considerably less than five years, depending on the amount of the gift. Also, strategies are available to decrease the penalty period often by more than half.

Veterans Aid & Attendance Pension

For veterans who have at least 90 days of active service, at least one day of which was during a time of war, a special benefit is available when income and resource requirements are met. A service-connected disability is not required for this special pension program, the most popular form of which is called "Aid and Attendance," or "A&A."

A&A Benefits May Be As High As:

Status	Monthly Benefit	Annual Benefit
Surviving Spouse	$1,558	$18,697
Single Veteran	$2,424	$29,093
Married Veteran	$2,874	$34,488
Two Married Veterans	$3,845	$46,143

The benefit is payable to the veteran, not the spouse, unless, of course, the qualifying person is a widow or widower of a veteran. VA does not pay care providers; the benefit is paid directly to the veteran or surviving spouse. The provider does not need to be VA qualified.

Income Test – The applicant's annual income (including that of any dependents claimed) must be less than the annual benefit amount. However, medical expenses, after a small deductible, reduce income. A claimant must be in need of personal assistance from another individual to perform at least two or more of the following Activities of Daily Living (ADLs): bathing or showering, dressing, eating, toileting, transferring, and mobility throughout the living environment.

Penalty For Gifts And Three-Year Look-Back Period – The Department of Veterans Affairs implemented a three-year look-back period in October 2018. Any transfer for less than the fair market value during the look-back period will result in a penalty–a time for which DVA will not pay the pension.

Resource Test – The net worth limitation $163,699 through November 30, 2026. Net worth is the total assets plus net income (gross income less allowable medical deductions). The figure for net income cannot be a negative number. Excluded resources from the calculation are the primary residence (with a lot up to a maximum of 2 acres), a vehicle, and burial policies or life insurance up to $10,000 of cash value. For more information on A&A benefits see: **https://benefits.va.gov/benefits/**

Personal Records

Having important documents, records, and contacts organized in one secure location can make a difficult time much easier to navigate. Be sure at least one trusted family member or caregiver knows where this information is stored and how to access it in an emergency.

- Durable & Financial Powers of Attorney
- Living Will
- Last Will & Testament
- Life Insurance & Long-Term Care Insurance Documents
- Funeral Plans & Pre-Arrangement Documents
- Bank Account Information
- Login Credentials for Financial Accounts
- Contact Information for Family Members, Caregivers, Attorneys, and Physicians
- Passwords & PINs for Your Computer, Phone, Email, Online Banking, and Other Important Accounts

Tech Tip: Review your two-factor authentication settings to ensure a trusted secondary phone number or email address is listed. Confirm that someone you trust can access your accounts if you are unable to do so.

Add any additional documents, contacts, or passwords:

Notes

Use this space to write notes, physician and or caregiver information, or questions you may have about Alzheimer's or dementia care.

To love a person is to learn the song
in their heart and to sing it to them
when they have forgotten.

ARNE GARBORG

THE BRIDGE
Alzheimer's & Dementia
Resource Center

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