



## Service Description Form

### Instructions:

1. Information submitted will be posted on the Rethinking Dementia website and mobile app. Some minor edits may be made for consistency or clarity.
2. All services MUST pertain directly to people with dementia and/or dementia caregivers.
3. Fill out one Service Description Form per service/program.
4. Write all descriptions as if the person reading it has never encountered any type of dementia resource before. No industry abbreviations or jargon should be used, and information should be as simple and clear as possible.
5. If submitting this form to correct or update information that's already on Rethinking Dementia's resource guide, fill out only the sections that should be corrected or added.
6. Questions and completed forms should be directed to Lisa Misenhimer, [lisa.misenhimer@rethinkingdementiami.org](mailto:lisa.misenhimer@rethinkingdementiami.org)

### Organization

*(If submitting multiple services, fill out this section only once)*

Name of Organization:

Description of Organization: *(max 50 words)*

Main Phone Number:

Main Email Address:

Main Website:

Headquarters Address:

Languages Available:

English

Spanish



Service Information

Name of Service/Program/Resource:

Categories *(Check all that apply)*

*Daily Care*

- In-Home Medical Care (certified)
- In-Home Personal Care (private duty)
- Respite
- Transportation
- Meals
- Medication Management
- Social Opportunities

*Medical Services*

- Diagnostic Evaluations
- Geriatric Primary Care
- Hospice Care
- Clinical Trial Information
- Mental Health Services
- Physical Therapy
- Speech Therapy
- Occupational Therapy
- Recreational Therapy

*Support, Guidance, and Education*

- Care or Case Management
- Family Consultation/Meetings
- Counseling – Individual and Family
- Insurance/Social Security (assistance with benefits)
- Support Groups
- Caregiver Training
- General Dementia Education
- Information and Referral

*Safety*

- Driving Resources
- Elder Abuse Information
- Medical Alert Systems
- Home Modification

*Professional Services*

- Legal Services
- Financial Management Services
- Guardianship

*Housing*

- Housing Information
- Long-Term Care Placement
- Assistance
- Secured Memory Care Unit

Service Area *(Check all counties that apply):*

- |         |         |          |
|---------|---------|----------|
| Allegan | Lake    | Mecosta  |
| Barry   | Osceola | Montcalm |
| Kent    | Ottawa  | Muskegon |
| Ionia   | Mason   | Newaygo  |



Stage of Dementia *(Check all that apply):*

Early Stage

Mid Stage

Late Stage

Description of Eligibility Criteria: *(max 50 words)*

How is this Service paid for? *(max 50 words)*

Phone Number:

Email Address:

Website *(link directly to information about this service if possible):*

Service Description: *(max 75 words)*

Hours *(if applicable):*

Is transportation available to/from this service?

Yes

No

Not applicable



Location of Service *(Check all that apply):*

In participant's home

In agency office at address:

Over the phone

Other:

Other important information *(max 50 words)*

Please save this file and email the completed version to Lisa Misenhimer at [lisa.misenhimer@rethinkingdementiami.org](mailto:lisa.misenhimer@rethinkingdementiami.org)