



# DEMENTIA FRIENDLY DEMENTIA AWARENESS PROGRAM



**We commit to becoming dementia aware** by learning more about dementia and how we can help employees become sensitive to the needs of a person living with dementia and the people that support them.

**I commit to becoming dementia aware** by learning more about dementia and how I can help others become sensitive to the needs of a person living with dementia and the people that support them.

**I / We agree to doing what I/we are able to do to help support the goal of Dementia-Friendly Environments.**

Organization/  
Individual Name: \_\_\_\_\_

Contact  
Name: \_\_\_\_\_

Work  
Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Are you willing for us to share your contact details with others who are interested in building Dementia-Friendly Communities? Yes  No

## Information about you and/or your organization

Organization summary

What sector(s) do you or your organization fit in?

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Community Member   | <input type="checkbox"/> Hospitality             | <input type="checkbox"/> Communication          |
| <input type="checkbox"/> Education          | <input type="checkbox"/> Local authorities       | <input type="checkbox"/> Legal                  |
| <input type="checkbox"/> Emergency services | <input type="checkbox"/> Membership organization | <input type="checkbox"/> Community organization |
| <input type="checkbox"/> Faith groups       | <input type="checkbox"/> Recreation              | <input type="checkbox"/> Other _____            |
| <input type="checkbox"/> Finance            | <input type="checkbox"/> Retail                  |   |
| <input type="checkbox"/> Health Care        | <input type="checkbox"/> Transport               |   |



Please complete and return this pledge form to Colette Jordan at Agency on Aging Northeastern Illinois [cjordan@ageguide.org](mailto:cjordan@ageguide.org)

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