Castleton
Home Care

FAMILY RESOURCE GUIDE

# Dementia at Home:

## Early Warning Signs & When to Bring in Extra Help

*A Guide for Families Navigating the Journey Together*

CONTENTS

# What's Inside This Guide



SECTION 1

# Understanding Dementia

*The first sign was a phone call I almost didn't think twice about. My mother called to ask what time Thanksgiving dinner was. We'd had it at 4:00 PM for twenty-seven years. I reminded her, and she laughed it off. A week later, she called again. Same question. Same answer. Same laugh. Then I found the stove on at midnight. Then the mail piling up. Then, on a Sunday afternoon, she called me by my uncle's name — he'd been gone for eleven years.*

If you're reading this guide, you've probably had your own version of that moment. This guide is written for you — not to frighten you, but to arm you with honest, clear information so you can make the best possible decisions for your family.

## What Dementia Actually Is

Dementia is not a single disease. It's an umbrella term describing a collection of symptoms — severe enough to interfere with daily life — that result from damage to brain cells. That damage affects memory, thinking, language, problem-solving, and behavior. **All types have this in common: dementia is progressive, and it is not a normal part of aging.**

## The Numbers

As of 2025, an estimated **7.2 million Americans** age 65 and older are living with Alzheimer's disease alone. Nearly **12 million Americans** are providing unpaid care to a family member with dementia, providing an estimated 19 billion hours of care each year. One in three older Americans will die with Alzheimer's or another dementia.

### Why Early Recognition Matters

Families who recognize the signs early are better positioned in almost every way: more time to plan financially, legally, and emotionally; the ability to involve their loved one in decisions; safety measures in place before a crisis; and care options explored thoughtfully rather than scrambled for in an emergency.

SECTION 2

# The Most Common Types of Dementia

Not all dementia is the same. Getting an accurate diagnosis is one of the most important things a family can do early on. Here's a plain-language overview.

## Alzheimer's Disease

The most common form, accounting for 60–80% of all cases. Caused by amyloid plaques and tau tangles that gradually destroy brain cells. **Memory loss — especially short-term — is typically the first noticeable symptom.** People often live 8–10 years after diagnosis, though some live 20 years or more. No cure exists, but medications can help manage symptoms.

## Vascular Dementia

The second most common type (~10% of cases), caused by reduced blood flow to the brain — most often from strokes. Unlike Alzheimer's, it often progresses in a **stepwise pattern** rather than gradual decline. Managing blood pressure, blood sugar, and cholesterol can sometimes slow its progression.

## Lewy Body Dementia

Caused by deposits of an abnormal protein (alpha-synuclein) in the brain. Hallmark features: **vivid visual hallucinations**, REM sleep behavior disorder, Parkinsonian symptoms, and dramatic cognitive fluctuations. Requires careful medical management — certain antipsychotic medications can be dangerous for LBD patients.

## Frontotemporal Dementia (FTD)

Attacks the brain's frontal and temporal lobes, affecting personality, behavior, language, and social judgment — **not primarily memory**. Disproportionately affects younger adults (often diagnosed in their 50s or 40s). Frequently misdiagnosed as depression or bipolar disorder.

## Mixed Dementia

A combination of two or more types occurring simultaneously. More common than previously recognized, particularly in adults over 80. Working with a neurologist or geriatric psychiatrist is especially valuable.

## Why the Type of Dementia Matters

Different types progress at different rates, begin with different symptoms, and require different care approaches. Certain medications helpful for Alzheimer's can be dangerous for Lewy body patients. Getting an accurate diagnosis from a neurologist isn't just about putting a name to the problem — it's about understanding what's ahead and preparing for it.

SECTION 3

# 10 Early Warning Signs You Shouldn't Ignore

## Normal Aging vs. Warning Signs

Getting older does affect the brain — processing slows, names take longer to retrieve. The key is knowing the difference between expected aging and signs worth taking seriously.

| Normal Age-Related Change | Dementia Warning Sign |
|---|---|
| Occasionally forgetting a name but remembering it later | Forgetting the name of a close family member or not recognizing them |
| Taking longer to complete a familiar task | Being unable to complete a familiar task, or starting it and not knowing what to do next |
| Occasionally losing track of the day, then remembering | Regularly not knowing the year, season, or where you are |
| Needing to find the right word from time to time | Stopping mid-sentence with no idea how to continue, or calling familiar objects by the wrong name |
| Making an occasional poor financial decision | Consistently making deeply poor judgments — giving money away, falling for scams, ignoring serious problems |

## 1 Short-Term Memory Loss That Affects Daily Life

This goes beyond occasionally forgetting where you put your glasses. With dementia, memory loss is frequent, persistent, and typically affects recent information rather than distant memories.

**Real-life examples:**

- Your father tells you the same story three times in a single conversation, each time as though he's never told it before.
- Your mother asks what day it is — you tell her — and ten minutes later she asks again.
- She can recount her wedding day in vivid detail but cannot remember the doctor's appointment this morning.

## 2 Difficulty Completing Familiar Tasks

Dementia disrupts the brain's ability to execute multi-step tasks — things a person has done thousands of times. The challenge isn't physical. It's the sequence getting lost.

**Real-life examples:**

- Your father has made coffee every morning for forty years, but now he can't figure out how to operate the machine.
- Your mother starts preparing dinner, then stands in the kitchen looking lost, unsure what she was doing.
- He gets dressed but puts his shirt on inside out, and when you point it out, he can't figure out how to fix it.

## 3 Disorientation to Time and Place

People with dementia can become confused about where they are, what year it is, or how they got somewhere — even in familiar surroundings.

**Real-life examples:**

- Your mother calls you at 2 AM asking when she needs to leave for work — she retired fifteen years ago.
- Your father becomes convinced he needs to pick up his children from school. His children are in their 50s.
- During a visit to their own home of thirty years, your parent asks when they're 'going home.'

## 4 Communication Challenges

Dementia can disrupt language in subtle and overt ways — finding words, following conversations, and expressing thoughts all become harder.

**Real-life examples:**

- In the middle of a sentence, your parent stops and stares blankly, the word they needed simply gone.
- She starts calling the television the 'picture box' or the refrigerator 'the cold thing.'
- Phone conversations become shorter — he struggles to follow what's being said and responds in ways that don't quite connect.

## 5 Changes in Mood or Personality

Dementia can alter who a person is — sometimes subtly, sometimes dramatically. The changes are neurological, not a choice.

**Real-life examples:**

- A parent who was calm and patient becomes anxious, suspicious, or easily provoked.
- Someone who was always warm and social has become flat, disengaged, and emotionally distant.
- A father who was never paranoid starts believing someone is stealing from him.

## 6 Poor Judgment and Decision-Making

The brain's ability to weigh options, recognize consequences, and make sensible decisions is among the first casualties in many types of dementia.

**Real-life examples:**

- Your parent sends a significant check to a television ministry, genuinely believing it's legitimate.
- She stops bathing regularly but insists she's fine and sees no problem.
- On a cold January morning, he answers the door in a short-sleeve shirt, unaware it's freezing outside.

## 7 Misplacing Things — and Being Unable to Retrace Steps

People with dementia often put objects in places that make no logical sense, and when they can't find something, they frequently conclude that someone stole it.

**Real-life examples:**

- Your mother's car keys turn up in the freezer. Her reading glasses are inside a shoe.
- He cannot walk through the process of where he last had something — the mental retracing isn't available to him.
- She accuses a neighbor, a caregiver, or a family member of taking things she's misplaced.

## 8 Withdrawal from Social Activities

As dementia affects cognition, many people begin pulling away from activities and social connections — often because the cognitive demands have become overwhelming.

**Real-life examples:**

- Your father, who played cards every Tuesday for twenty years, starts making excuses not to go.
- Your mother used to love her book club, but she can't follow discussions anymore and feels embarrassed.
- He's stopped attending church, calling friends, or engaging in conversations he used to seek out.

## 9 Trouble with Visual and Spatial Relationships

Dementia can affect the brain's ability to process visual information — judging distances, navigating familiar spaces, and reading.

**Real-life examples:**

- She walks past the bathroom she's used every day for years, seemingly not recognizing it.
- He has trouble stepping over a threshold or judging the edge of a step, leading to near-falls.
- Driving becomes erratic — misjudging distances, drifting in lanes, becoming confused by familiar intersections.

## 10 Unexplained Changes in Appetite or Weight

Dementia can disrupt hunger signals, alter taste perception, and make the act of eating — once automatic — confusing and complicated.

**Real-life examples:**

- Your parent has lost noticeable weight over a few months. When you check the refrigerator, food has expired without being eaten.
- He eats the same thing every single day regardless of what you prepare.
- She forgets whether she's eaten, leading to skipping meals entirely or eating again within an hour.

### When to See a Doctor

If you've recognized two or more of these signs — and they represent a change from how your loved one normally functioned — it's time to make an appointment with their primary care physician. Be specific: *"I've noticed behavioral and memory changes that concern me. I'd like to schedule a cognitive evaluation."*

A physician can conduct initial screening, rule out other causes (thyroid issues, vitamin deficiencies, medication interactions, and depression can all mimic dementia), and refer to a neurologist if needed. **Don't wait for things to get worse. Earlier diagnosis means more options.**

SECTION 4

# How Dementia Progresses — What to Expect

The honest answer is that dementia progression varies significantly from person to person. But understanding the general arc of the disease gives families the ability to plan ahead, make informed decisions, and avoid crises that could have been anticipated.

## Early Stage (Mild)

Many people are still living relatively independently. This stage deserves particular care and dignity — the person is still very much themselves.

- Increased forgetfulness — losing track of recent conversations, repeating questions
- Difficulty with planning, problem-solving, or organizing tasks
- Getting confused in unfamiliar places or losing track of time
- Struggling to find words during conversation
- Changes in mood — more anxious, withdrawn, or irritable
- Making occasional poor decisions about finances or daily life

**Care needs:** Care needs are often light: reminders and prompts, help managing medications, accompaniment to appointments, social engagement. Many people benefit from a companion caregiver a few days a week. *This stage typically lasts two to four years.*

## Middle Stage (Moderate)

Usually the longest stage — often several years — and where caregiving becomes substantially more demanding.

- Increased memory loss — difficulty recognizing familiar faces
- Significant confusion about time, place, and situation
- Needing help with dressing, bathing, grooming, and eating
- Personality and behavioral changes — agitation, suspicion, repetitive behaviors
- Wandering, particularly at night
- Sundowning and sleep disturbances

**Care needs:** Care needs increase considerably. A caregiver present for significant portions of the day — or overnight — becomes necessary. *This is often the stage where "Is Mom safe at home?" becomes most urgent.*

## Late Stage (Severe)

The disease has affected virtually all areas of brain function. The person requires round-the-clock care.

- Loss of ability to communicate verbally in most cases
- Inability to recognize even close family members
- Dependence for all personal care — bathing, dressing, eating, toileting
- Difficulty swallowing, increasing the risk of aspiration pneumonia
- Severe vulnerability to infections

**Care needs:** Care at this stage is focused on comfort, dignity, and quality of remaining life. Many families work in partnership with hospice services alongside professional caregivers.

### What Is "Sundowning"?

Sundowning refers to a pattern of increased confusion, anxiety, agitation, and behavioral disturbance that tends to emerge as daylight fades. It can include pacing, wandering, crying, shouting, and disorientation.

Strategies that help: maintaining consistent daily routines, ensuring bright light exposure during the day, reducing noise and stimulation in the evening, gentle redirection, and a calm, reassuring presence. A professional caregiver trained in dementia care can be invaluable during these hours.

SECTION 5

# The Hidden Dangers — Why Home Safety Matters

Dementia quietly transforms the home from a refuge into a place full of hazards. The same stove that's always been there becomes a fire risk. The bathroom becomes a fall zone. The front door becomes a danger if someone wanders through it at 2 AM.

### The Stark Reality

Falls are the leading cause of injury-related death among adults over 65 — and people with dementia fall at **roughly twice the rate** of cognitively healthy adults. Wandering affects an estimated **60% of people with dementia** at some point. Malnutrition and dehydration are common and underrecognized. Household accidents — leaving gas on, starting small fires, taking the wrong medication — are among the most preventable but serious risks families face.

## Kitchen Dangers

- Stove and oven fires — leaving burners on unattended, forgetting food is cooking
- Improper food handling — old food eaten without recognizing spoilage, raw meat left out
- Sharp objects — knives used unsafely or left accessible
- Burns from hot appliances or liquids

**Quick tip:** Consider an automatic stove shut-off device. Lock away sharp objects. Label appliances clearly.

## Bathroom Dangers

- Falls on wet surfaces — the leading cause of home injury for older adults with dementia
- Scalding burns from water temperatures they can no longer regulate
- Drowning risk in the tub if left unattended
- Confusion over cleaning products, medications, and toiletries

**Quick tip:** Install grab bars beside the toilet and in the shower. Set water heater to 120°F maximum. Use non-slip mats.

## Wandering and Exit Risks

- Wandering outside at night in unsafe conditions
- Leaving without telling anyone and becoming lost
- Inability to return home or identify themselves if lost

- Traffic and environmental exposure risks

**Quick tip:** Consider door alarms, door handle covers, and GPS tracking devices. Register with the Alzheimer's Association's MedicAlert + Safe Return program.

## Medication Dangers

- Taking too much, too little, or the wrong medication
- Confusing their own pills with a spouse's medication
- Inability to recognize a new symptom that requires dose adjustment

**Quick tip:** Use a locked medication box. Set up pill organizers refilled by a family member. Consider a medication dispenser that only opens at scheduled times.

SECTION 6

# A Family Safety Assessment

Use this checklist honestly — not to judge yourself or your family's situation, but to get a clear picture of where things actually stand. Check every item that applies.

## PHYSICAL SAFETY

- [ ] Your loved one has fallen, or you've witnessed near-fall incidents at home.
- [ ] You've found the stove, oven, or other appliances left on unattended.
- [ ] Your loved one has wandered outside the home without telling anyone.
- [ ] Sharp objects, cleaning products, or medications are not properly secured.
- [ ] The home has loose rugs, poor lighting, or other fall hazards.

## DAILY LIVING & SELF-CARE

- [ ] Personal hygiene has noticeably declined despite prompting.
- [ ] Your loved one regularly skips meals or you've found spoiled food consumed.
- [ ] Medications are being missed, doubled, or taken incorrectly.
- [ ] Bills are going unpaid or important mail is being ignored.
- [ ] Your loved one is no longer able to drive safely, but has not stopped.

## COGNITIVE & BEHAVIORAL SIGNS

- [ ] Your loved one regularly gets confused about what day, month, or year it is.
- [ ] Managing finances has become problematic — unpaid bills, unusual transactions.
- [ ] Your loved one gets lost or confused in familiar places.
- [ ] Phone calls have become more difficult — conversations are repetitive.
- [ ] Your loved one cannot remember recent events or conversations shortly after they occurred.

## BEHAVIORAL SIGNS AND EMOTIONAL WELL-BEING

- [ ] Your loved one has become significantly more anxious, fearful, or suspicious.
- [ ] They've withdrawn from social activities, hobbies, or relationships they valued.
- [ ] Mood swings, agitation, or emotional outbursts have become more frequent.

- ☐ Your loved one seems unusually sad or flat — not themselves emotionally.
- ☐ Sleep patterns have shifted significantly — up at night, sleeping during the day.

### What Your Responses Mean

0–2 concerns: Manageable for now. Stay attentive and revisit in sixty days.

3–5 concerns: Real warning signs that merit a conversation with your loved one's physician and an honest family discussion. Consider a professional safety evaluation.

6 or more concerns: Immediate, concrete action is needed. The level of risk present indicates your loved one needs more support than they are currently receiving. A professional caregiver assessment should happen as soon as possible.

## Critical Safety Indicators — Immediate Action Needed

If any of these are happening, act now — do not wait:

- ! Your loved one has wandered and been found disoriented or lost.
- ! A fall has resulted in injury or a near-miss that could have caused serious harm.
- ! A fire has started or the stove has been left on with food actively burning.
- ! Your loved one has taken the wrong medication, the wrong dose, or someone else's medication.
- ! Your loved one has expressed suicidal thoughts.
- ! You've discovered evidence of a serious financial scam or significant unexplained withdrawal.
- ! Your loved one has become physically aggressive — toward themselves, you, or others.

SECTION 7

# When It's Time to Bring in Extra Help

*Bringing professional support into your parent's life is not failure. It is an act of love — one of the most active, intentional, and courageous ones you can make.*

## 1. Safety Is Compromised

When safety concerns are present and persistent, the question isn't whether to bring in extra help — it's how quickly you can make it happen.

- Falls have occurred, or the risk of falling is evident and growing.
- Your loved one has wandered or made attempts to leave the home unsafely.
- Appliances are being left on; there have been small fires or close calls.
- Medications are not being managed correctly.
- Driving has become dangerous.

## 2. Daily Tasks Have Become Overwhelming

When basic activities of daily living are no longer being managed safely and consistently, professional support is needed.

- Personal hygiene has declined significantly despite your efforts.
- Meals are routinely skipped or nutritionally inadequate.
- Bills are going unpaid; important correspondence isn't being handled.
- The home has become unsafe or unsanitary.

## 3. Caregiver Burnout Is Setting In

A caregiver who is exhausted or overwhelmed cannot provide the quality of care their loved one deserves — and risks their own health in the process.

- You are not sleeping well because of worry or nighttime caregiving duties.
- You feel resentful, guilty, or emotionally depleted.
- Your own health, relationships, or career are suffering.
- You've had the thought, even briefly, that you cannot keep doing this.

## 4. Behavioral Changes Require Specialized Management

Dementia-related behavioral symptoms require skill, experience, and emotional reserves that family members often don't have in the quantities needed.

- Sundowning episodes are happening regularly and are difficult to manage.
- Agitation or aggressive behavior is occurring with increasing frequency.
- Your parent is experiencing hallucinations or profound paranoia.
- Resistiveness during personal care has become a daily struggle.

## 5. Social Isolation Is Becoming Problematic

Social connection is not a luxury for people with dementia — it is a medical necessity. Isolation accelerates cognitive decline.

- Your loved one is alone for most of the day with little meaningful interaction.
- They've stopped all social activities they once enjoyed.
- Emotional flatness or depression seems to be deepening.

### Professional Caregivers Aren't Replacing You

A professional caregiver does not replace you as a son, daughter, or spouse. They cannot. What they replace is the daily physical and logistical burden — so that you can show up as the person your parent needs you to be: their child, their partner, their person. Not their full-time aide.

Families who bring in professional support often report that their relationship with their loved one actually improves. The tension that built around caregiving tasks dissolves. In its place is room for the relationship to breathe again.

SECTION 8

# What In-Home Care Can Do for Your Family

When families think about home care, the focus is usually on what's going wrong. But here's what the best in-home care actually delivers: **dignity. Independence. Quality of life.** A person with dementia who has the right support at home can continue doing things they love, engaging with their community, laughing, creating, and living — not just surviving.

## Companion Care (Non-Medical)

The most foundational level of support — and for many families in the early and middle stages, it makes an enormous difference.

- Meaningful conversation and social engagement throughout the day
- Accompaniment on walks, outings, and community activities
- Assistance with hobbies, puzzles, music, and cognitive activities
- Light meal preparation and help at mealtimes
- Reminders for medications and daily routines
- Transportation to appointments, errands, and family events

## Personal Care Services

As dementia progresses and daily tasks become more challenging, personal care preserves hygiene, health, and comfort.

- Bathing and shower assistance — keeping dignity and safety at the center
- Help with dressing and grooming
- Incontinence care, handled with discretion and respect
- Assistance with transfers and mobility within the home
- Monitoring of physical health changes and communication to family

## Specialized Dementia Care

Dementia care is a distinct specialty. Trained caregivers understand the behavioral symptoms and communication strategies that make an enormous difference.

- Behavioral redirection using calm, evidence-based techniques
- Structured daily routines that reduce confusion and anxiety
- Sundowning management strategies in the evening hours

- Memory-supporting activities — reminiscence, music, sensory engagement
- Crisis de-escalation during moments of agitation or fear

## Respite Care

Exists for one straightforward reason: caregivers need to rest, and when they rest, everyone benefits.

- Scheduled coverage of regular shifts so family caregivers can rest, work, or travel
- Coverage during family vacations or extended absences
- A consistent caregiver your loved one knows and trusts
- Regular communication to family about how their loved one is doing

## 24/7 Live-In Care

For families in the middle and later stages of dementia, 24/7 care provides around-the-clock peace of mind.

- A consistent caregiver presence throughout the day and night
- Supervision to prevent wandering and respond to nighttime confusion
- All personal care, companion care, and dementia-specific services
- Daily communication with the family about their loved one's status
- Coordination with medical professionals and hospice if applicable

## Benefits at a Glance

| For Your Loved One | For Family Caregivers |
|---|---|
| Remaining in a familiar home environment | Relief from physical and emotional burden |
| Consistent one-on-one attention | Restored ability to sleep, work, and care for yourself |
| Preserved routines and independence | Confidence that your loved one is safe when you're away |
| Meaningful social engagement every day | The ability to return to being a family member — not just a caregiver |
| Dignity in personal care — never rushed | Professional guidance and a partner in navigating the journey |

| | |
|---|---|
| Reduced hospitalizations through daily monitoring | Significantly reduced risk of caregiver burnout |

SECTION 9

# Taking the First Step — A Conversation Guide

Telling your parent that you're worried about them — that you think they need help — is one of the most emotionally loaded conversations a family can have. It reverses a relationship that has been one way for your entire life. None of that means you shouldn't have the conversation. It means you should prepare for it thoughtfully.

## Before the Conversation

- **Choose your timing carefully.** Mid-morning on a calm day tends to be better. For someone who sundowns, afternoon and evening are the worst times.
- **Gather your people.** This conversation works better as a family — a unified, loving front. If siblings are involved, get on the same page first.
- **Frame it around care, not deficits.** The conversation isn't about what your parent can no longer do. It's about what you want for them — their comfort, their safety, their life.
- **Be patient.** This may not be a single conversation. Plant the seed without demanding immediate acceptance.

## Conversation Starters

**For Early-Stage Dementia:**

> *"Mom, I've noticed some things lately that I want to talk about — not to worry you, but because I love you and I want us to figure things out together before they become harder to handle. Can we talk about that?"*

**For Safety Concerns:**

> *"I was thinking about what happened last month with the stove, and I realized I'd feel a lot better knowing there was someone checking in on you every day. Not because I don't trust you — but because I worry, and I'd like to worry a little less."*

## Addressing Common Objections

**"I don't need help. I'm fine."**

> *"I know it feels that way, and I believe you're doing your best. This isn't about what you can't do — it's about making sure you can keep living the way you want to. I'd like us to explore some options together."*

**"I don't want strangers in my house."**

*"I completely understand that. What if we started very small — just a few hours a week with one person, someone you'd have the chance to meet first and decide if you like? You'd be in charge of that."*

**"We can't afford it."**

*"I've been looking into what the options actually cost, and I think we might have more flexibility than you expect. There are also programs that might help. Can we look at the numbers together?"*

**"You just want to put me away."**

*"The absolute opposite is true. The whole reason I'm looking into home care is because I want you to stay in your home. This is about making that possible for as long as possible — safely."*

## When They Still Refuse

- **Involve their doctor.** Hearing a recommendation from a physician carries weight that family members often don't. Ask the doctor to raise the topic directly.
- **Reframe the benefit.** 'A helper for me' can be more acceptable than 'a caregiver for you.'
- **Start with something small.** Don't ask for full acceptance of full-time care. Ask for a two-week trial. A few hours on Tuesday and Thursday.
- **Give them a role in choosing.** Let your parent interview potential caregivers. Autonomy reduces resistance.
- **Enlist allies.** A trusted family friend, a clergy member, or a long-time neighbor may be able to open the conversation in a way you cannot.
- **Know when to prioritize safety over consent.** If your parent's choices are actively putting them in danger, you may need to make decisions they don't initially accept.

SECTION 10

# Resources & Next Steps

## Immediate Actions You Can Take Today

- [ ] **Schedule a doctor's appointment.** Call your parent's primary care physician and specifically request a cognitive evaluation. Come prepared with written, specific observations.
- [ ] **Complete the safety assessment in this guide.** Do it honestly, in writing. Share it with another family member.
- [ ] **Do a home walk-through.** Go through your parent's home room by room. Note every hazard — loose rugs, clutter, lighting, stove condition, medication storage.
- [ ] **Check on legal documents.** Find out whether your parent has an up-to-date healthcare directive and durable power of attorney. If not, consult an elder law attorney.
- [ ] **Call Castleton Home Care for a free consultation.** You don't have to have everything figured out before you call. We're here to listen, assess, and help.

## National Resources

| Organization | Description | Contact |
|---|---|---|
| **Alzheimer's Association** | The leading nonprofit for Alzheimer's care, research, and support. Their 24/7 Helpline connects families with care consultants at any hour. | 800-272-3900 \| alz.org |
| **National Institute on Aging (NIA)** | The primary federal agency supporting Alzheimer's research and providing public health information. | nia.nih.gov |
| **Family Caregiver Alliance** | Education, research, and advocacy for family caregivers. Excellent Fact Sheets and state-by-state resource guides. | caregiver.org |
| **Eldercare Locator** | Public service connecting older adults and families to local services — transportation, meals, in-home assistance. | 800-677-1116 \| eldercare.acl.gov |

| | | |
|---|---|---|
| **AARP Caregiving Resources** | Extensive library of practical caregiving guides, tools, and local support group information. | aarp.org/caregiving |

## Financial Assistance Programs

- **Long-term care insurance** — if your parent purchased a policy, it may cover in-home care. Contact the insurer to understand terms.
- **VA Aid and Attendance benefit** — provides financial assistance for eligible veterans and surviving spouses who need help with daily activities.
- **Georgia Medicaid / CCSP** — the Community Care Services Program may fund in-home care for eligible individuals. Apply as early as possible — programs often have waiting lists.
- **PACE programs** (Program of All-Inclusive Care for the Elderly) — coordinate comprehensive medical and social services for eligible adults.

CLOSING

# You're Not Alone in This Journey

*There will be a moment — if it hasn't come already — when you sit in the car after a visit with your parent and feel the full weight of what's happening. Not just the logistics or the to-do lists, but the actual grief of watching someone you love change in ways you cannot stop. The person who knew your name before you knew your own.*

You are doing something incredibly hard. Loving a parent through dementia is one of the most sustained acts of courage a person can make. It requires you to keep showing up even when it's painful, to make decisions with imperfect information, to hold hope and grief at the same time.

**Getting help is not the opposite of love. It is love in action.** Families who reach out early, build a support team, and stop trying to carry everything alone don't love their parents less. They love them well.

### This week, choose one thing.

Make the doctor's appointment. Walk through the house with that safety checklist. Pick up the phone and call us. You don't have to solve everything at once — you just have to take one step. We'll help you figure out the rest.

## About Castleton Home Care

Castleton Home Care is a non-medical in-home care company serving families throughout the greater North Atlanta area, including Alpharetta, Roswell, Milton, Johns Creek, Cumming, Dunwoody, Sandy Springs, Marietta, and Kennesaw. We've built our reputation on one commitment: giving families peace of mind by caring for the people they love with competence, compassion, and dignity.

**Our services include:**

- Companion care and social engagement
- Personal care — bathing, grooming, dressing, and hygiene assistance
- Meal preparation and nutritional support
- Medication reminders and health monitoring
- Transportation to appointments, errands, and community activities
- Specialized dementia and Alzheimer's care
- Respite care for family caregivers
- 24/7 around-the-clock care
- Hospital-to-home transition support

# Ready to Get Your Loved One the Support They Deserve?

*Call, email, or visit us online to schedule your free, no-obligation in-home consultation.*

**CALL US**

**770-810-5974**

Speak directly with our care team

**EMAIL US**

**office@castletonhomecare.com**

We respond within one business day

**VISIT US ONLINE**

**castletonhomecare.com**

Schedule your consultation anytime

**Most families tell us they wished they had called sooner.**

*Don't wait for a crisis — the consultation is completely free.*

*This guide is intended for educational purposes and does not constitute medical, legal, or financial advice. For guidance specific to your loved one's situation, please consult with qualified medical, legal, and financial professionals.*