



Community Partner Pledge

Entity/Organization Name: _____ Contact Representative: _____
Address: _____ City: _____ Zip: _____
Phone: _____ Email: _____

Please circle the sector that is applicable (Choose one):

- Banks / Financial Services
- Residential and Specialty Care
- Business / Retail
- Health Care Provider
- Faith Communities
- Local Government Agencies/Schools
- Legal and Advance Planning Services
- Emergency Planning / First Responders
- Transportation, Housing and Public Space
- Non Profit Agencies
- Libraries
- Other: _____

Entity/Organization will:

- Identify an individual who may have signs and/or behaviors of dementia.
- Learn how to communicate with persons living with dementia and demonstrate patience and understanding.
- Provide supportive material to persons living with Dementia, their families, and their caregivers.

Entity/Organization will be able to:

- Key staff is required to complete a Dementia Friends information 90 minute session for Dementia Friends Certificate.
- Commit to ongoing dementia education by involving other staff and new hires.
- Appoint a representative who oversees the dementia goals set by the entity/organization.
- Agree to display and distribute information on dementia provided by DFCC.
- Support family caregivers with information about resources.
- Agree to follow-up visits, as requested.

Thank You for your interest in becoming a DFCC community partner

Phone: 361-883-3935 | Email: felipa@cbcoaaa.org

Website: www.dfcorpuschristi.org



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