



Alzheimer’s Disclosure Form Check Sheet

Any Residential Care Facility, Assisted Living Facility, Intermediate Care Facility, Skilled Nursing Facility or Adult Day Care Program which offers to provide or provides care for persons with Alzheimer's disease by means of an Alzheimer's special care unit or Alzheimer's special care program is required to disclose the form of care or treatment provided that distinguishes that unit or program as being especially applicable, or suitable for persons with Alzheimer's or dementia. This disclosure is part of the facility's regular license renewal procedure. (Sections [198.500](#) to [198.515](#), RSMo, Alzheimer's Special Care Disclosure Act)

In order to help expedite the processing of this disclosure, please ensure the following information is contained in the disclosure. Please answer the questions noted below, sign, date and provide the name and email address of the person who can best answer any additional questions related to the Alzheimer’s unit/program. **Please complete and return this Check Sheet with the Alzheimer’s Disclosure Form.**

___ Ensure all questions/items noted on the disclosure form have been answered or noted as not applicable (N/A);

___ Ensure to list the correct “unit capacity” for the Alzheimer’s Unit/Program. If you are unsure of the current capacity, the most recent Alzheimer’s Special Care Unit directory can be located here:

<http://health.mo.gov/seniors/nursinghomes/licensecert.php>;

___ Ensure to attach the facility’s document or brochure containing information on selecting an Alzheimer’s special care program. If you wish to use the DHSS Long Term Care Ombudsman’s brochure titled “Guide to Selecting an Alzheimer’s Special Care Unit,” the brochure can be located here:

<http://health.mo.gov/seniors/nursinghomes/providerinfo.php>;

___ Ensure to describe the staff training and continuing education practices related to Alzheimer’s in the staff training component.

Please describe how, at the time of admission, a copy of the disclosure and brochure are provided by the facility to the resident/participant requiring services rendered by the Alzheimer's special care program, and the patient's next of kin, designee, or guardian.

Name _____ Signature/Date _____

Telephone# _____ Email _____

Program/Facility ID# (completed by DHSS staff) _____