

**ALZHEIMER'S DISEASE TASK FORCE  
RECOMMENDATION FORM**

*Please include only one recommendation on each form.*

**This form must be returned via e-mail to [katie.mulford@iowa.gov](mailto:katie.mulford@iowa.gov) no later than 5:00 p.m.,  
Wednesday Nov. 21, 2007**

**Name** **Phone**

**Agency, if any** **E-mail**

**Address**

**Each recommendation must fit into one of the following categories. Please check the appropriate box:**

**Education and training**

**Services and housing**

**Funding and reimbursement**

**Wellness and disease management**

**RECOMMENDATION:**

**IN 250 WORDS OR LESS, PLEASE INCLUDE COMMENTS, JUSTIFICATION,  
RESOURCES OR OTHER INFORMATION TO HELP THE TASK FORCE  
UNDERSTAND THE IMPORTANCE OF YOUR RECOMMENDATION.**