

**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 no later than 5:00 p.m.,
Tuesday Nov. 27, 2007**

Name Linda Phillips

Phone 285-3406/home; 285-1240/work

Agency, if any

E-mail lap002@juno.com

Address 9005 Blue St., Norwalk, IA 50211

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:

Affordable, available and accessible Respite Care Services, so that the primary care giver can take a break for a few days to attend an out of town funeral, visit a grandchild, or just sleep.

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

See letter on DEA website under "L. Phillips."