



## Community Application Form

### Join the Dementia Friendly America Network of Communities

Complete this form in entirety and submit to [info@dfamerica.org](mailto:info@dfamerica.org) and [mhanley@n4a.org](mailto:mhanley@n4a.org)

Please be sure to also attach the following materials:

- Three or more letters of support representing different community sectors
- If your DFA community is in a state with a [DFA state lead](#), please include an additional letter of support from that agency/individual

**Date of Application:**

**Dementia Friendly Community Location (city, state):**

**Please list the individuals or agencies who comprise your action team:  
(names, title, organization)**

**DFA communities convene a cross-sector team across three or more community sectors to advance dementia friendliness. A cross-sector team includes at a minimum, government, clinical, community-based organizations and people living in community with dementia and their care partners. Please summarize how your community will establish connection across sectors.**

**What community sectors will your dementia friendly community's efforts focus on (check all that apply)**

- Business
- Care Partner
- General public/community members
- Community-based services and supports
- Faith communities
- Libraries
- Home Care
- Hospitals and healthcare
- Legal and advance planning services
- Banking and financial services
- Local government
- Residential and specialty care
- Other, please describe:



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Has your initiative identified a Champion organization to coordinate and, if needed, serve as a fiscal administrator? Please provide the name of the organization and brief description.

Are you partnering with a AAA?	Yes No	Please specify:
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Are you partnering with a local Alzheimer's Association?	Yes No	Please specify:
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Are you partnering with a local age-friendly community initiative?	Yes No	Please briefly describe:
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Please outline how you are (or plan to) assess your community's strengths and weaknesses to develop an action plan:

It is expected that DFA communities use the Evaluation Guide to evaluate at least one component of your work. Please provide an overview of how you plan to evaluate your dementia friendly efforts

Please describe how you plan to sustain any new initiatives undertaken as a DFA community.



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**Please compose a one-paragraph project description to be used for public dissemination.**

**DFA communities report progress by providing a current program description and by completing periodic surveys. Please confirm your commitment to participating:**

**Yes**

**No**

**Contact information for person submitting this form:**

- **Name**
- **Title**
- **Agency**
- **Email**
- **Phone**