**Board of Directors/Owner(s) Resolution**

**to Adopt LeadingAge Minnesota’s**

**Guiding Principles for Dementia Care**

Whereas, the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of organization)

Board of Directors/Owner(s) is committed to providing quality services to the citizens of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name of community or region);

Whereas, our mission statement and overall philosophy of care and service reflect our commitment to providing quality dementia care for the people we serve;

Whereas, our dementia care program has been carefully designed to address the preferences and

functioning level of the persons we serve and to provide them a sense of usefulness, pleasure and success while maximizing functional abilities, promoting safety and encouraging independence;

Whereas, we believe that if all people employed by or volunteering for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of organization), as well as the family members understand the significance of focusing on the individual, the resulting services we provide will be sensitive, caring and of superior quality;

Whereas, as a member of LeadingAge Minnesota, we have a compact with our peer provider

community to strive always to offer quality services;

Therefore, we, the Board of Directors/Owner(s) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(name of organization) do hereby adopt LeadingAge Minnesota’s Guiding Principles for Dementia Care (list all buildings or programs to which this applies) and direct our employees and volunteers to adhere to the Principles in all that they do as a member of this organization.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chair of the Board/Owner(s)

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CEO/Manager