Nevada Task Force on Alzheimer's Disease State Plan Recommendations Planning Template

Recommendation #: _____

TFAD Member Lead(s): _____

Current Recommendation as Stated:

Current Status (i.e., activities/outcomes?):

Determination: For the 2025 State Plan do you propose this recommendation be**:**

☐ Retained as is
☐ Retired to the Appendix (it has been accomplished or is no longer relevant)
☐ Revised / Updated

Justification: If you propose revising this recommendation, what is your rationale for your suggested changes:

Suggested Revisions: Please provide the text for how to revise the recommendation (please include each of the following required elements):

- **Recommendation:**
- **Indicators:**
- **Potential Funding:**