



Division of Developmental Disabilities Services
Community Services
Medication Administration Device Data Form-Shared Living

Exhibit C

Service Recipient: _____

MCI#: _____

Month/Year: _____

Steps:	Admin Time:	<i>Key: I-Independent V-Verbal Prompts G-Gestural Prompts P-Physical Assistance O-Unable to Complete</i>																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Requests to take medication at appropriate time																																	
Completes hand hygiene																																	
Gather medication supplies needed																																	
Obtain food or beverage of choice																																	
Locate medication device and take to designated medication area (if needed)																																	
Activate medication device to dispense medications																																	
Remove medication from the medication device																																	
Takes medication																																	
For routes other than oral: apply or instill medication as directed																																	
Returns medication to locked storage area																																	

Signature of Shared Living Provider Completing Data Form: _____