



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

Exhibit C

Service Recipient: \_\_\_\_\_

MCI#: \_\_\_\_\_

Month/Year: \_\_\_\_\_

Steps:	Admin Time:	Key: I-Independent      V-Verbal Prompts      G-Gestural Prompts      P-Physical Assistance      O-Unable to Complete																																		
		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																																				
Obtains beverage or food of choice																																				
Selects medication for the designated time from the medication storage area																																				
Reads medication label																																				
States name of medication																																				
States medication dosage																																				
States medication purpose																																				
States at least two side effects of the medication																																				
Removes medication from container																																				
Closes medication container if applicable																																				
Takes medication																																				
Topical treatments: applies to correct area																																				
Returns medication to locked storage area																																				

Signature of Shared Living Provider Completing Data Form: \_\_\_\_\_