



WEEKLY RECORD OF ASSISTANCE WITH MEDICATION-RELATED TASKS

Client Name (print): _____ Sunday that started your work week: ___/___/___

INFORMATION ABOUT THIS DOCUMENT

Alaska law requires Consumer Direct Care Network (CDCN) to record when and how its caregivers provide assistance with medication-related tasks to clients who receive habilitative or respite care services. **If you provide assistance with medication-related tasks to your client during your work week, you must complete this form and submit it with your timesheet.** Please note that you **may not** provide assistance with medication-related tasks to your habilitative or respite care client unless you have been trained by CDCN and received a written authorization from the agency.

Instructions: If you provided assistance with medication-related tasks to your client during your work week, complete the boxes below for **each medication type**. Use additional *Weekly Record of Assistance with Medication-Related Tasks* forms as necessary.

Medication	Route	Dosage	Enter the time each dose was provided in the corresponding daily box below.						
			S	M	T	W	T	F	S
Example: <i>Lisinopril</i>	<i>Oral</i>	<i>20mg</i>	<i>10:30a</i>	<i>10:20a</i>	<i>10:45a</i>	<i>10:30a</i>	<i>10:30a</i>	<i>10:15a</i>	<i>10:45a</i>

Employee Name _____ Signature _____ Date _____

For the week of service, this form is due the following Monday by midnight.

The written delegation authorizing the above-documented assistance with medication-related tasks is maintained on file by CDCN.