Washington County

Community Services

WCCS-71980-220 (3-13)

Physician's Statement for Medication Administration Assistance

Resident's Name: _____

Date of Birth: _____

Adult Foster Home Provider's Name: _____

Address: _____

Phone Number: _____

Physician's Name: _____

Address: _____

Phone: _____

INSTRUCTIONS:

ALL RESIDENTS OF ADULT FOSTER CARE HOMES MUST BE ASSESSED TO DETERMINE THE LEVEL OF ASSISTANCE THEY REQUIRE WITH THEIR MEDICATION.

After reviewing the client's current medications (☐ See back or ☐ Attached list) and given the client's level of functioning please indicate the client's ability to self-medication.

ASSESSMENT:

1. ☐ Yes ☐ No — Takes **all** medication independently (including over the counter). Client is able to order, store, dispense, etc. without **any** assistance.

2. ☐ Yes ☐ No — Is able to take **certain** medications **without** any assistance. List the medications: _____

3. ☐ Yes ☐ No — Needs assistance with medication management and medication administration. (excluding any listed above)

   Indicate areas client needs assistance: ***(Check all those that apply)***

   ☐ Reminders ☐ Ordering
   ☐ Supervision ☐ Dispensing
   ☐ Storage ☐ Other specify

4. ☐ Yes ☐ No — Client is able to **independently** take prepackaged medication when the client is **not** under the care of the foster care provider:

   Prepackaged means the medication is placed in a sealed envelope or plastic bag and labeled to indicate the correction date and time to take the medication. Used when the client is on leave and not under the care of the adult foster care provider.

5. ☐ Yes ☐ No — Is dependent on adult foster care provider or other caregiver for medication management.

   Note to providers: If client is on leave, prepackage medication must be stored and administered by a responsible adult.

6. ☐ Yes ☐ No — Client may participate in a progressive self-medication program with the goal of complete independence upon completion of the program.

Physician's Signature: _____ Date: _____

Current Medications:

Medication	Dosage Information