A.F.C. RESIDENT MEDICATION RECORD
Office of Children & Adult Licensing

MICHIGAN DEPARTMENT OF HUMAN SERVICES

MEDICATION NAME AND INSTRUCTIONS FOR USE	TIME OF DAY	**Resident Name:** _____ **Month:** _____ **Year:** _____ **DAY OF THE MONTH** 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
Medication Name (Single Dose Only)	**Time of Day**	**DAY OF THE MONTH** 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

SIGNATURE AND INITIALS OF EACH PERSON SIGNING INITIALS ABOVE

Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

AUTHORITY: P.A.. 218 OF 1979
COMPLETION: Mandatory: Family Home and Group Home Rule Requirements
PENALTY: Violation of Rule R 400.1418 (4) (a) Family Rules, R400. 14312(4) or R400.15312 (4) Group Home Rules