

Assignment Task Plan Completed (This will include the Procedure/Problems to watch for and Client Specific Comments/Teaching written by Nurse):

Yes No N/A

Medication Reconciliation completed:

Yes No N/A

Medication Assignment Record – Home Care Attendant completed with medication and assist times; submit to Case Coordinator and Resource Coordinator.

Yes No N/A

Frequency of Task Monitoring:

- Annually with medication reconciliation
- Other than Annually – specify frequency:

Assessed by: _____ **Date:** _____

Direct Service Nurse forwards completed document to client’s Case Coordinator.