

Vendor Attestation G-Tube Feeding and Medication Administration

This form attests that the Home Health Nurse has successfully trained for gastrostomy tube (G-tube) feeding and that the caregiver/LHA can safely administer this tube feeding.

Date: _____

Member Name/AHCCCs ID: _____

Name of Home Health Agency: _____

Name of Residential Vendor, Provider Name or Home Name if Applicable: _____

Nurse Name: _____

Name of caregiver or LHA who has successfully completed G-tube training: _____

Date training completed: _____

Attestation (*Please check all that apply*):

I attest that the caregiver or LHA named in this form has successfully completed G-tube feeding training.

I attest that the caregiver or LHA named in this form can safely administer G-tube feedings.

I attest that the LHA named in this form can safely administer G-tube medications.

Please see the attached skills check-off list attached.

Additional Comments or Concerns:

Signature: _____ Date: _____