



3949 N Pulaski Road
Chicago, IL 60641
Phone: 773-283-0090
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HEMOCARE AIDE / HOMEMAKER SERVICE ASSIGNMENT & PLAN OF CARE

Client Name Escamilla, Lillian (Lilly) Tel: (815) 323-5670
Address 511 Greenview Rd Belvidere IL 61008
Emergency Contact _____ Tel: _____
Homemaker Name Dotson, Nikiya P Tel: (815) 621-8173
Date Assigned 10/25/19
Client Condition Needs assistance w/ ADL's

This Plan of Care has to be followed by the Homecare Aide/Homemaker for the above named Client. The Plan of Care is designed to meet the Client's individual needs. It is mandatory to follow the Plan of Care so the Client can best receive the services the State has assigned for him/her. If you cannot adhere to this Plan of Care for the Client, please call your Supervisor and discuss the matter.

The above named Client is to be seen 5 Days a week on:

Mon 0.00 Tue 0.00 Wed 0.00 Thu 0.00 Fri 0.00 Sat 0.00 Sun 0.00

From 8:30 AM To 1 PM 22.50 Hours per week ☐ **Daily Hours** 0.00

Start Date of Services _____

You should provide only the following duties (checked):

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> 1. Eating | <input checked="" type="checkbox"/> 2. Bathing | <input checked="" type="checkbox"/> 3. Grooming |
| <input checked="" type="checkbox"/> 4. Dressing | <input type="checkbox"/> 5. Transferring | <input checked="" type="checkbox"/> 6. Incontinence |
| <input type="checkbox"/> 7. Managing Money | <input type="checkbox"/> 8. Telephoning | <input type="checkbox"/> 9. Preparing Meals |
| <input checked="" type="checkbox"/> 10. Laundry | <input checked="" type="checkbox"/> 11. Housework | <input checked="" type="checkbox"/> 12. Outside Home |
| <input type="checkbox"/> 13. Routine Health | <input type="checkbox"/> 14. Special Health | <input type="checkbox"/> 15. Being Alone |

Supervisor's Signature _____ Date: _____