



3949 N Pulaski Road  
Chicago, IL 60641  
Phone: 773-283-0090  
Fax: 773-5645-818

## HEMOCARE AIDE / HOMEMAKER SERVICE ASSIGNMENT & PLAN OF CARE

Client Name Ganus, Donna Tel: (815) 980-7049  
Address 1000 Chamberlain St 807 Rockford IL 61107  
Emergency Contact \_\_\_\_\_ Tel: rai  
Homemaker Name Adams, Brenda K Tel: (815) 980-5328  
Date Assigned 6-20-20  
Client Condition Need assistance with 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 1 Days a week on:

Mon 0.00 Tue 0.00 Wed 0.00 Thu 0.00 Fri 0.00 Sat 2.00 Sun 0.00

From SATURDAY To 5-7:45pm 2.00 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 checked="" type="checkbox"/> 5. Transferring | <input checked="" type="checkbox"/> 6. Incontinence    |
| <input type="checkbox"/> 7. Managing Money             | <input type="checkbox"/> 8. Telephoning             | <input checked="" 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 checked="" type="checkbox"/> 13. Routine Health | <input type="checkbox"/> 14. Special Health         | <input type="checkbox"/> 15. Being Alone               |

Supervisor's Signature \_\_\_\_\_ Date: 06/15/2020