



3949 N Pulaski Road  
Chicago, IL 60641  
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## HEMOCARE AIDE / HOMEMAKER SERVICE ASSIGNMENT & PLAN OF CARE

Client Name Gummerus, Eric Tel: (779) 200-0122  
Address 1000 Chamberlain St #1209 Rockford IL 61104  
Emergency Contact \_\_\_\_\_ Tel: womalley  
Homemaker Name Pozas, Rebecca Tel: (773) 474-7194  
Date Assigned 6-12-2020  
Client Condition Needs 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  Days a week on:

Mon  Tue  Wed  Thu  Fri  Sat  Sun

From 5:00pm To 7:00pm 10.00 Hours per week ☐ **Daily Hours**

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 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 type="checkbox"/> 10. Laundry                   | <input type="checkbox"/> 11. Housework              | <input 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: \_\_\_\_\_