

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

HOMECARE AIDE / HOMEMAKER SERVICE ASSIGNMENT & PLAN OF CARE

Client Name	Lawwill, Jennifer	Tel:	(779) 537-8304
Address	8212 Cameo Dr Machesney Park IL 61115		
Emergency Contact	Conway Lawwill-spouse	Tel:	815-713-3532
Homemaker Name	HCP Aguilar, Socorro	Tel:	() -
Date Assigned	07/14/2020		
Client Condition	Needs assistance with ADL\\\'S Fill in		

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	4.00	Tue	4.00	Wed	4.00	Thu	4.00	Fri	3.00	Sat	0.00	Sun	0.00
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From 12:00pm To 3:00pm 3.00 Hours per week ☐ **Daily Hours**

Start Date of Services

You should provide only the following duties (checked):

<u> X </u> 1. Eating	<u> </u> 2. Bathing	<u> </u> 3. Grooming
<u> </u> 4. Dressing	<u> </u> 5. Transferring	<u> </u> 6. Incontinence
<u> </u> 7. Managing Money	<u> </u> 8. Telephoning	<u> X </u> 9. Preparing Meals
<u> X </u> 10. Laundry	<u> X </u> 11. Housework	<u> X </u> 12. Outside Home
X 13. Routine Health	14. Special Health	15. Being Alone

Supervisor's Signature _____ Date: _____