



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 Owens, Marsha Tel: (708) 868-3859
Address 1275 Balmoral Ave Calumet City IL 60409
Emergency Contact _____ Tel: _____
Homemaker Name Dailey, Kristen Tel: (773) 793-9271
Date Assigned 01/14/2020
Client Condition Needs assistance with ADLs

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 2 Days a week on:

Mon 0.00 Tue 0.00 Wed 0.00 Thu 0.00 Fri 0.00 Sat 5.00 Sun 5.00

From 9:30am To 1:00pm 7.00 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 type="checkbox"/> 13. Routine Health | <input type="checkbox"/> 14. Special Health | <input type="checkbox"/> 15. Being Alone |

Supervisor's Signature _____ Date: _____