



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 Singh, Deepak Tel: 9876543210
Address gomti nagar Lucknjow UP 220201
Emergency Contact Pankaj Tel: 9876543211
Homemaker Name Fields, Tyra Tel: (708) 527-6653
Date Assigned _____
Client Condition _____

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 Mon To Tue 40.00 Hours per week ☒ **Daily Hours**

Start Date of
Services _____

You should provide only the following duties (checked):

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

Supervisor 's
Signature Deepak Date: 01/15/2020