



Client Name	Abate, Roberta	Tel: (815) 262-4042
Address	84 Clayton Court Winnebago IL 61088	
Emergency Contact	Matt Abate	Tel: (815) 298-7956
Homemaker Name	Ross, Dawn	Tel: (815) 871-5744
Date Assigned	12/17/19	
Client Condition	Need 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.

Mon  Tue  Wed  Thu  Fri  Sat  Sun

From 3pm To 6:30 10.00 Hours per week  **Daily Hours**

Start Date of Services

<u>    </u> 1. Eating	<u>  X  </u> 2. Bathing	<u>  X  </u> 3. Grooming
<u>  X  </u> 4. Dressing	<u>  X  </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
<u>    </u> 13. Routine Health	<u>    </u> 14. Special Health	<u>  X  </u> 15. Being Alone

Supervisor's Signature \_\_\_\_\_ Date: \_\_\_\_\_