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## HEMOCARE AIDE / HOMEMAKER SERVICE ASSIGNMENT & PLAN OF CARE

Client Name Bowlds, Alberta Tel/Mob: (815) 633-0820  
Address 5024 Hermitage Trail Rockford IL 61114  
Emergency Contact Lexi-dtr Tel/Mob: 815-969-0072/815-621  
Homemaker Name Sipps, Dixie Tel/Mob: (779) 423-4385  
Date Assigned 9/23/19  
Client Condition Needs assistance w/ 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 10 AM To 3 PM 25.00 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 checked="" type="checkbox"/> 3. Grooming        |
| <input checked="" type="checkbox"/> 4. Dressing        | <input type="checkbox"/> 5. Transferring           | <input type="checkbox"/> 6. Incontinence               |
| <input type="checkbox"/> 7. Managing Money             | <input checked="" 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 checked="" type="checkbox"/> 13. Routine Health | <input type="checkbox"/> 14. Special Health        | <input checked="" type="checkbox"/> 15. Being Alone    |

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