



3949 N Pulaski Road
Chicago, IL 60641
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HEMOCARE AIDE / HOMEMAKER SERVICE ASSIGNMENT & PLAN OF CARE

Client Name Brown, Jacqueline Tel/Mob: (815) 836-6924
Address 2224 W Jefferson Rockford IL 61102
Emergency Contact Elizabeth Bell Tel/Mob: 815 209 3527
Homemaker Name Bell, Elizabeth Tel/Mob: (815) 209-3527
Date Assigned 2-2-20
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.

The above named Client is to be seen Days a week on:

Mon Tue Wed Thu Fri Sat Sun
From M/W/TH To 1:30-6:30p 15.00 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 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 checked="" type="checkbox"/> 13. Routine Health | <input type="checkbox"/> 14. Special Health | <input checked="" type="checkbox"/> 15. Being Alone |

Supervisor 's Signature _____ Date: _____