



Client Name	<u>Brown, Judy</u>	Tel: <u>(779) 210-9087</u>
Address	<u>3836 Preston Street Rockford IL 61102</u>	
Emergency Contact	<u>Earl (husband)</u>	Tel: <u>(815) 394-9247</u>
Homemaker Name	<u>Jones, Mya R</u>	Tel: <u>(815) 217-8512</u>
Date Assigned	<u>6-17-20</u>	
Client Condition	Need assistance with ADLS	

The above named Client is to be seen 2 Days a week on:

Mon	5.00	Tue	0.00	Wed	5.00	Thu	0.00	Fri	0.00	Sat	0.00	Sun	0.00
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From Thur/Fri To 5pm to 10pm 10.00 Hours per week ☐ **Daily Hours**

Start Date of Services

You should provide only the following duties (checked):

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| <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> X </u> 6. Incontinence |
| <u> </u> 7. Managing Money | <u> X </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 |
| 13. Routine Health | 14. Special Health | X 15. Being Alone |

Supervisor's Signature _____ Date: 06/16/2020 _____