



Client Name	Dye, Shirley	Tel: (815) 397-9695
Address	2004 hutchins ave rockford IL 61104	
Emergency Contact	Dawn Daughter	Tel: 779-208-5948
Homemaker Name	Buczynski, Gena	Tel: (815) 670-7466
Date Assigned	7-10-20	
Client Condition	Needs assistance with ADL\\\\\\\\\S	

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

Mon  Tue  Wed  Thu  Fri  Sat  Sun

From T/W/F To 9-3pm 18.00 Hours per week  **Daily Hours**

You should provide only the following duties (checked):

- |                               |                          |                             |
|-------------------------------|--------------------------|-----------------------------|
| <u>X</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>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   |
| X 13. Routine Health          | 14. Special Health       | 15. Being Alone             |

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