



Client Name	<u>Gruchalski, Larry</u>	Tel: <u>(815) 857-9037</u>
Address	<u>1451 Riverview Rd Amboy IL 61310</u>	
Emergency Contact	<u>Tracy Bautista</u>	Tel: <u>847-417-8687</u>
Homemaker Name	<u>Kyker, Deanna G</u>	Tel: <u>(815) 440-1947</u>
Date Assigned	<u>4/3/2020</u>	
Client Condition	needs assistance w/ 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 1p To 430p 11.00 Hours per week **Daily Hours**

Start Date of
Services

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

Supervisor's Signature _____ Date: _____