



3949 N Pulaski Road  
Chicago, IL 60641  
Phone: 773-283-0090  
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## HEMOCARE AIDE / HOMEMAKER SERVICE ASSIGNMENT & PLAN OF CARE

Client Name Harms, Deborha Tel: (815) 908-0368  
Address 436 N Apple Ave Freeport IL 61032  
Emergency Contact Nathan Harms Tel: 815-238-5757  
Homemaker Name Harms, Nathan A Tel: (815) 238-5757  
Date Assigned 4/10/2020  
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 2 Days a week on:

Mon 5.00 Tue 0.00 Wed 0.00 Thu 0.00 Fri 5.00 Sat 0.00 Sun 0.00

From 9 To 2 10.00 Hours per week ☐ **Daily Hours** 0.00  
AM PM

Start Date of  
Services \_\_\_\_\_

You should provide only the following duties (checked):

<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>    </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>    </u> 12. Outside Home
<u>  X  </u> 13. Routine Health	<u>    </u> 14. Special Health	<u>  X  </u> 15. Being Alone

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