



Client Name	<u>Hatch, Duane</u>	Tel: <u>(815) 299-2737</u>
Address	<u>1211 S. Independence Rockford IL 61102</u>	
Emergency Contact	<u>Terry (son)</u>	Tel: <u>(608) 346-1667</u>
Homemaker Name	<u>Pinkston, Edwina</u>	Tel: <u>(815) 608-5750</u>
Date Assigned	<u>7/8/2020</u>	
Client Condition	<u>needs assistance w/ ADLs</u>	

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

Mon  Tue  Wed  Thu  Fri  Sat  Sun

From 830a To 2p 22.00 Hours per week  **Daily Hours**

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

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