



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 Heaslip, Roger Tel: (815) 282-3634
Address 1817 Wedel Ave Rockford IL 61103
Emergency Contact Chris daughter Tel: 513-515-1421
Homemaker Name Ross, Dawn Tel: (815) 871-5744
Date Assigned 9/30/19
Client Condition Needs assistance w/ ADL's; updated schedule

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 Days a week on:

Mon Tue Wed Thu Fri Sat Sun

From M/F 9:30-12:30 To W/9:30-11:30 10.00 Hours per week ☐ **Daily Hours**

Start Date of Services _____

You should provide only the following duties (checked):

- | | | |
|--|---|--|
| <input type="checkbox"/> 1. Eating | <input type="checkbox"/> 2. Bathing | <input type="checkbox"/> 3. Grooming |
| <input type="checkbox"/> 4. Dressing | <input type="checkbox"/> 5. Transferring | <input checked="" type="checkbox"/> 6. Incontinence |
| <input type="checkbox"/> 7. Managing Money | <input type="checkbox"/> 8. Telephoning | <input checked="" type="checkbox"/> 9. Preparing Meals |
| <input checked="" type="checkbox"/> 10. Laundry | <input checked="" type="checkbox"/> 11. Housework | <input checked="" type="checkbox"/> 12. Outside Home |
| <input checked="" type="checkbox"/> 13. Routine Health | <input type="checkbox"/> 14. Special Health | <input checked="" type="checkbox"/> 15. Being Alone |

Supervisor 's Signature _____ Date: _____