



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 Helsing, Roxanne Tel/Mob: (815) 793-9275
Address 4701 Mohawk Rd Rockford IL 61107
Emergency Contact Wendy Helsing-dtr Tel/Mob: (815) 494-9785
Homemaker Name Bates, Danyelle L Tel/Mob: () -
Date Assigned 8/9/19
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 Days a week on:

Mon Tue Wed Thu Fri Sat Sun
From M/W 9-10:30 AM To Fri/9-10 AM 4.00 Hours per week ☐ **Daily Hours**

Start Date of Services _____

You should provide only the following duties (checked):

<input type="checkbox"/> 1. Eating	<input checked="" type="checkbox"/> 2. Bathing	<input type="checkbox"/> 3. Grooming
<input type="checkbox"/> 4. Dressing	<input checked="" type="checkbox"/> 5. Transferring	<input type="checkbox"/> 6. Incontinence
<input type="checkbox"/> 7. Managing Money	<input checked="" 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: _____