

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

Client Name	Hibst, Debbie	Tel:	(815) 297-7024
Address	1746 S Dirck Apt 209 Freeport IL 61032		
Emergency Contact	Marian - mother	Tel:	(815) 616-5051
Homemaker Name	Sellen, Susan M	Tel:	(815) 275-9382
Date Assigned	6/25/20		
Client Condition	Needs Assistance with 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 1 Days a week on:

Mon	0.00	Tue	0.00	Wed	0.00	Thu	2.00	Fri	0.00	Sat	0.00	Sun	0.00
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From 1:00pm To 3:00pm 2.00 Hours per week  **Daily Hours**

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

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