



Client Name	<u>Hudak, Dennis</u>	Tel: <u>(779) 227-2845</u>
Address	<u>202 Lincoln Park Blv Rockford IL 61102</u>	
Emergency Contact	<u>Joe Hudak</u>	Tel: <u>630-202-1857</u>
Homemaker Name	<u>Burris, Nioka S</u>	Tel: <u>(815) 505-3285</u>
Date Assigned	<u>6-30-20</u>	
Client Condition	Need assistance with ADLS	

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.

Mon	3.00	Tue	3.00	Wed	3.00	Thu	3.00	Fri	3.00	Sat	3.00	Sun	2.00
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From Tuesday To 4-7pm 3.00 Hours per week  **Daily Hours**

Start Date of Services

<u>    </u> 1. Eating	<u> X </u> 2. Bathing	<u>    </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> X </u> 12. Outside Home
<u> X </u> 13. Routine Health	14. Special Health	15. Being Alone

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