



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 Kolthoff, Sherry Tel/Mob: (312) 792-5329
Address 1151 Nettie St Apt 909 Belvidere IL 61008
Emergency Contact Zach Kolthoff Son Tel/Mob: 6308739722
Homemaker Name Brown, Wilma Elizabeth (Beth) Tel/Mob: (815) 979-3984
Date Assigned 5-21-2019
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 Days a week on:

Mon Tue Wed Thu Fri Sat Sun
From 11:30am To 2:30pm 3.00 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 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 type="checkbox"/> 13. Routine Health | <input type="checkbox"/> 14. Special Health | <input checked="" type="checkbox"/> 15. Being Alone |

Supervisor 's Signature _____ Date: _____