



Client Name	Lockhart, Marie	Tel: (815) 979-3779
Address	310 7th St Apt 800 Rockford IL 61104	
Emergency Contact	N/A	Tel: (
Homemaker Name	Merryman, Cynthia D	Tel: (815) 997-6819
Date Assigned	7-06-20	
Client Condition	Need assistance with ADLS fill-in	

The above named Client is to be seen 2 Days a week on:

Mon	0.00	Tue	2.50	Wed	0.00	Thu	2.50	Fri	0.00	Sat	0.00	Sun	0.00
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From Mon/Wed To 9-11:30am 5.00 Hours per week ☐ **Daily Hours**

Start Date of
Services

You should provide only the following duties (checked):

- | | | |
|-------------------------|-------------------------|-------------------------|
| ____ 1. Eating | ____ 2. Bathing | ____ 3. Grooming |
| ____ 4. Dressing | ____ 5. Transferring | ____ 6. Incontinence |
| ____ 7. Managing Money | ____ 8. Telephoning | ____ 9. Preparing Meals |
| ____ 10. Laundry | ____ 11. Housework | ____ 12. Outside Home |
| ____ 13. Routine Health | ____ 14. Special Health | ____ 15. Being Alone |

Supervisor's Signature _____ Date: _____