



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 Lott, Henry Tel/Mob: (779) 537-3425
Address 4201 Beach St Apt 104 Rockford IL 61108
Emergency Contact Callie Gile Tel/Mob: (815) 621-3504
Homemaker Name Khamo, Nina Tel/Mob: (708) 982-2117
Date Assigned 7-14-2020
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 7:00am To 10:00am 12.00 Hours per week ☐ **Daily Hours**

Start Date of Services _____

You should provide only the following duties (checked):

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> 1. Eating | <input checked="" type="checkbox"/> 2. Bathing | <input type="checkbox"/> 3. Grooming |
| <input checked="" 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: _____