



3949 N Pulaski Road
Chicago, IL 60641
Phone: 773-283-0090
Fax: 773-5645-818

HEMOCARE AIDE / HOMEMAKER SERVICE ASSIGNMENT & PLAN OF CARE

Client Name Martin, Peggy Tel: (815) 381-0015
Address 2504 Montana Ave Rockford IL 61108
Emergency Contact Dena (dau) Tel: (815) 566-1563
Homemaker Name Alloway, Sandra L Tel: (815) 558-7584
Date Assigned 6-27/28-20
Client Condition Needs assistance with ADL\\S/Fill-in

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 2 Days a week on:

Mon 0.00 Tue 0.00 Wed 0.00 Thu 0.00 Fri 0.00 Sat 4.00 Sun 4.00

From SAT/SUN To 11am-3pm 8.00 Hours per week ☐ **Daily Hours** 0.00

Start Date of
Services

You should provide only the following duties (checked):

- | | | |
|---------------------------------|----------------------------------|-----------------------------|
| <u>X</u> 1. Eating | <u>X</u> 2. Bathing | <u>X</u> 3. Grooming |
| <u>X</u> 4. Dressing | <u>X</u> 5. Transferring | <u>X</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 | <u> </u> 14. Special Health | <u>X</u> 15. Being Alone |

Supervisor 's
Signature Date: