

3949 N Pulaski Road  
Chicago, IL 60641  
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## HOMECARE AIDE / HOMEMAKER SERVICE ASSIGNMENT & PLAN OF CARE

Client Name	Mihailovic, Jovan	Tel:	(773) 961-5927
Address	111 W. State Street Apt 507 Rockford IL 61101		
Emergency Contact	N/A	Tel:	(
Homemaker Name	Armstrong, Kenneth A	Tel:	() -
Date Assigned	6/23/20		
Client Condition	Need 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 1 Days a week on:

Mon  Tue  Wed  Thu  Fri  Sat  Sun

From 11:00 To 3:00pm  Hours per week  **Daily Hours**

Start Date of Services

You should provide only the following duties (checked):

<u>    </u> 1. Eating	<u>    </u> 2. Bathing	<u>  X  </u> 3. Grooming
<u>    </u> 4. Dressing	<u>    </u> 5. Transferring	<u>    </u> 6. Incontinence
<u>    </u> 7. Managing Money	<u>    </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
13. Routine Health	14. Special Health	15. Being Alone

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