



Client Name	Moore, Rosemary	Tel: (815) 965-6992
Address	715 Illinois Ave Rockford IL 61102	
Emergency Contact	Wanda Hill-sister	Tel: (815) 540-7713
Homemaker Name	Taylor, Tymeria	Tel: (779) 348-2829
Date Assigned	6-29-20	
Client Condition	Need assistance with ADLS	

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

Mon Tue Wed Thu Fri Sat Sun

From M-F To 9-1pm 20.00 Hours per week **Daily Hours**

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 |
| X 13. Routine Health | 14. Special Health | X 15. Being Alone |

Supervisor's Signature _____ Date: _____