



Client Name	<u>Nye, Steve</u>	Tel: <u>(815) 235-3694</u>
Address	<u>1428 S. West Ave Freeport IL 61032</u>	
Emergency Contact	<u>Carol (Wife)</u>	Tel: <u>815 232 8141</u>
Homemaker Name	<u>Lacy, Nykelia</u>	Tel: <u>() -</u>
Date Assigned	<u>6/16/20</u>	
Client Condition	<u>Needs assistance w/ ADL's; fill-in</u>	

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

Mon Tue Wed Thu Fri Sat Sun

From 9:30 AM To 12:30 PM 3.00 Hours per week ☐ **Daily Hours**

You should provide only the following duties (checked):

- | | | |
|-------------------------------|----------------------------|-----------------------------|
| <u> </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> </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: 06/15/2020