



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 Nye, Steve Tel: (815) 235-3694
Address 1428 S. West Ave Freeport IL 61032
Emergency Contact Carol (Wife) Tel: 815 232 8141
Homemaker Name Lacy, Nykelia Tel: () -
Date Assigned 6/16/20
Client Condition Needs assistance w/ 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 0.00 Tue 3.00 Wed 0.00 Thu 3.00 Fri 0.00 Sat 0.00 Sun 0.00

From 9:30 To 12:30 6.00 Hours per week ☐ **Daily Hours** 0.00
AM PM

Start Date of
Services _____

You should provide only the following duties (checked):

<input type="checkbox"/> 1. Eating	<input checked="" type="checkbox"/> 2. Bathing	<input checked="" type="checkbox"/> 3. Grooming
<input checked="" type="checkbox"/> 4. Dressing	<input checked="" type="checkbox"/> 5. Transferring	<input checked="" type="checkbox"/> 6. Incontinence
<input type="checkbox"/> 7. Managing Money	<input 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: 06/15/2020