



Client Name	<u>Rednour, Clifford</u>	Tel: <u>(779) 208-7411</u>
Address	<u>3322 Parkside Ave Rockford IL 61101</u>	
Emergency Contact	<u>Dorthea girlfriend</u>	Tel: <u>(779) 221-4569</u>
Homemaker Name	<u>Horton, Montell</u>	Tel: <u>(414) 349-1513</u>
Date Assigned	<u>7/6, 7/8, 7/10/2020</u>	
Client Condition	needs assistance w/ ADLs	

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

Mon Tue Wed Thu Fri Sat Sun

From 615 To 11:30 10.50 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> </u> 6. Incontinence |
| <u>X</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 | X 14. Special Health | X 15. Being Alone |

Supervisor's Signature _____ Date: _____